

A Best Practice Approach Report describes a public health strategy, assesses the strength of evidence on the effectiveness of the strategy, and uses practice examples to illustrate successful/innovative implementation.

Date of Report: March 2020

### **Best Practice Approach: State and Territorial Oral Health Programs and Collaborative Partnerships**

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### **I. Executive Summary**

Most state and territorial governments support an oral health program. These programs have more successful outcomes when they work collaboratively with stakeholders and partners to achieve mutual goals. This report provides an overview of how collaboration can promote and assure oral disease prevention activities, increase access to oral health services, and improve oral health for diverse population groups. The nature of collaborative partnerships and how they may be defined, structured, funded and function are discussed, along with resources such as toolkits, guides and evaluation tools.

One strategy to address these oral health challenges is to collaborate with community, business and government stakeholders. Together they can better assure access to prevention and treatment services, frame the public's perception of oral health and integrate oral health with overall health, while acknowledging the broader social and economic issues that impact health status. Ideally, such oral health collaborative partnerships can further enable states and territories to conduct surveillance, develop population-based approaches to meet identified needs, advocate for improved access and public coverage of dental services, while educating all populations about the importance of oral health. Coalitions can raise the profile of oral health at the state and territorial level by implementing policy and educational programs to improve oral health. With broad-based constituencies, coalitions can be a compelling impetus for integrating oral health into overall health.

The Centers for Disease Control and Prevention (CDC) Division of Oral Health (DOH) states that “a partnership is composed of organizations that share a common focus and combine resources to implement joint activities,” which enhances the success of any public health program. Although some partnerships are problem-oriented, time-limited or convened to accomplish a specific objective, others evolve into long-term efforts, responding to changing environments.

In public health arenas, such partnerships commonly include:

- Collaboration at state, territorial, regional and community levels
- Formal and informal alliances among service agencies
- Consortia of interdisciplinary health care providers
- Grassroots efforts and
- Groups that come together around broader advocacy initiatives.

This report focuses on collaborative partnerships and coalitions at the state and territorial level. How these efforts are named, structured, funded and function are often defined by their goals, situations and/or membership. The terms listed above tend to be descriptive rather than definitive and are often used interchangeably. There is no single definition or formula for a successful partnership.

This report identifies characteristics of successful partnerships, while providing resources that support successful collaborations and toolkits to operationalize them. It offers examples of what can be accomplished through collaboration, suggests potential internal and external partners for expansion, highlights supportive research, and offers Best Practice Criteria. Finally, state and territorial practice examples illustrate best and promising practices in working in collaborative partnerships and coalitions.

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## II. Description

### Background

Good oral health means more than healthy teeth and gums. Oral diseases, such as tooth decay, gum disease, or oral cancer, are multifactorial in causation and affect general health status. Oral health problems usually involve significant social and cultural factors that require many resources and partners to implement prevention and treatment services. Social determinants of health include income, education, occupation, geographic implications, and cultural beliefs.<sup>1,2</sup> Access to oral health care is affected by similar social, cultural, economic, geographic, and structural factors, but more so by the separation of the oral health from the health care system. People and communities with inadequate access to oral health care experience notable social and economic burdens.

Most state and territorial governments support oral health programs, which have more successful outcomes when they work collaboratively with stakeholders and partners to achieve mutual goals.<sup>3</sup> This report provides an overview of how collaboration can promote and assure oral disease prevention activities, increase access to oral health services, and improve oral health for diverse population groups. The nature of collaborative partnerships and how they may be defined, structured, funded and function are discussed, along with providing resources such as toolkits, guides and evaluation tools.

Because state and territorial oral health programs (S/TOHPs) are government-based programs, they typically are prohibited from advocating for policy change and therefore may only inform and educate policymakers and others. Collaborative partnerships, including those with state oral health coalitions and dental, dental hygiene, primary care, and public health associations can provide such advocacy in support of policy changes.

The publication of the U.S. [Surgeon General’s Report on Oral Health in America](#) drew attention to the critical nature of the “silent epidemic” of dental disease facing the United States. This report highlighted

the importance of oral health to overall health for policymakers, educators, dental and medical professionals, philanthropists, and advocates. In 2003, it was followed by the [National Call to Action](#), with its vision “to advance the general health and well-being of all Americans by creating critical partnerships at all levels of society to engage in programs to promote oral health and prevent disease,” thus oral health partnerships and coalitions proliferated across the country.

One strategy to address these oral health challenges is to form collaborative partnerships with community, business and government stakeholders. Together they can better assure access to prevention and treatment services, frame the public’s perception of oral health and integrate oral health with overall health, while acknowledging the broader social and economic issues that impact health status.

To maximize effectiveness, S/TOHPs need to develop multiple partnerships and relationships. Looking beyond the “usual suspects” of dental and health organizations for participating partners may result in productive outcomes for all participants.<sup>4</sup> S/TOHPs may participate in or collaborate with:

- State or territorial oral health coalitions
- Other health department programs
- Civic and non-profit organizations (local, state, territorial or national)
- Educators
- Social services agencies
- Organizations that advocate for low-income populations and
- Philanthropic foundations.

Ideally, such oral health collaborative partnerships can further enable states and territories to conduct surveillance, develop population-based approaches to meet identified needs, advocate for improved access and public coverage of dental services, while educating all populations about the importance of oral health. Although S/TOHPs have often been instrumental in developing oral health coalitions and providing funding and support, such coalitions increasingly operate independently as full partners with their state/territorial programs (see Section VII, State Practice Examples). Coalitions can raise the profile of oral health at the state and territorial level by implementing policy and educational programs to improve oral health. With broad-based constituencies, coalitions can be a compelling impetus for integrating oral health into overall health.

One catalyst for enhancing relationships between S/TOHPs and oral health coalitions has been a series of oral health infrastructure development grants to state and territorial health agencies from the CDC. Since 2001, these grants have been awarded to 30 different states, starting with 12 states and one territory. This funding provided resources to establish oral health offices, hire state or territorial dental directors, launch surveillance programs, create state oral health plans, establish and expand school-based dental sealant programs, promote community water fluoridation, and invest in forming oral health coalitions. In 2018, twenty states and several territories were awarded five year [funding by CDC](#) through cooperative agreements to build capacity, along with two national organizations. Additionally, under the Prevention and Control of Chronic Disease and Associated Risk Factors in the U.S. Affiliated Pacific Islands, U.S. Virgin Islands, and Puerto Rico (DP-1901) Cooperative Agreement, Puerto Rico receives an annual award of \$150,000 to develop and implement an oral health surveillance plan, as well as to implement, promote, and evaluate school sealant programs

CDC grants were the genesis for many oral health coalitions. Through its recommendation of this mechanism, the *National Call to Action* has become one of the greatest influences on states and territories’ ability to promote oral health and educate the public. Although 20 states have never received CDC funding and only 12 to 20 states have had funding at any given time, in 2019, according to the American Network of Oral Health Coalitions ([ANOHC](#)), 49 states have established statewide oral health coalitions or are in the process of establishing a coalition. The size and scope may be different, but each is dedicated to serving as an umbrella for oral health stakeholders to work on advocacy and education strategies to improve oral health.

Engaging with others working toward common goals is an effective way for S/TOHPs to develop and implement strategies that address unmet oral health needs, avoid duplication of effort, ensure synergy of resources, reduce oral health inequities and improve oral health.

## Characteristics of Successful Partnerships

Partnerships and coalitions operate in a changing environment, in which they may be vulnerable to a range of external factors. In order to be effective, they need to remain flexible and responsive. The characteristics that define partnerships and coalitions and enhance their effectiveness have been widely studied for more than three decades. Analyses include systematic reviews, in-depth studies of working partnerships, studies of coalition paradigms or models, and comparisons of similar and dissimilar initiatives. These studies identified strengths and weaknesses, while offering conclusions about what makes collaborations work. This Best Practice Approach Report focuses on the characteristics revealed by these analyses.

Success may be a measure of longevity, participant satisfaction, or achievement of desired outcomes. Based on resources from several fields, *factors for success* demonstrate many of the following characteristics: <sup>5,6,7,8,9,10,11,12</sup>

- Partnerships originate and evolve in a *supportive community environment*, which may be as broad as a national network or narrow as a neighborhood, relating to a specific field of work or other distinctions.
  - The community has a history of collaboration or cooperation, coming from a shared recognition of the importance of the central issue bringing participants together. Examples range from a neighborhood coalition convened to establish a playground to a national coalition established to achieve systems changes in health care delivery.
  - The community sees the collaborative group as a legitimate issue leader, a status that accrues as the partnership develops.
  - A favorable political and social climate is consistent with values that underlie the objectives of the partnership.
- *Membership characteristics*, although particular to the partnership, generally demonstrate *common qualities* that all members value, including:
  - A common assumption that collaboration is in their self-interest.
  - Mutual respect, understanding, and trust exemplify the partners.
  - A cross-section of constituencies provides a balance of viewpoints.
- The partnership has developed a clear *organizing process and structure* to carry out its mission and work toward its goals, including:
  - A shared stake in the process used to work toward desired outcomes.
  - A defined relationship with a lead agency with dedicated staff and specific responsibilities (see also the section on human and financial resources below).
  - The structures of the partnership support maximization of the value of all participants. Decisions made by consensus ensure that initiatives are not co-opted by a minority of the participating parties.
  - Multiple layers of participation enable members to feel connected to the work to the best of their ability and capacity.
  - Clear roles and policy guidelines facilitate the partnership's ability to implement activities that move its agenda forward.
  - A culture of evaluation underlies how the partnership operates, providing feedback and input to all involved parties.

- The partnership demonstrates flexibility and adaptability in its approaches, maximizing its collective ability to be responsive and nimble to opportunities, while preserving fidelity to its mission.
- Particularly in a long-term collaboration, the partnership maintains an appropriate pace of development, allowing growth and change that enable participants to adapt and continue their support and involvement.
- The partnership has developed and articulated a *focused and empowering purpose* to delineate its scope of its work.
  - The purpose of the partnership is unique. It is additive and not duplicative of the work of any of its member groups.
  - The partnership has engaged in strategic thinking, such as engaging in a strategic planning process, to arrive at a shared vision that underlies its activities and that member organizations can align with their own.
  - The partnership has articulated concrete, attainable goals and objectives.
- *Effective communication* plans, techniques and strategies keep information flowing among the partners and stakeholders.
  - The partnership has developed a communication plan or protocol as a core organizational component to assure effective communication among members and external communication to the public.
  - Established informal relationships and communication links encourage the flow of information, while clear protocols exist to manage and resolve conflicts.
- The partnership has *adequate human and financial resources* that are efficiently managed to support its work and pursue its mission and objectives.
  - The partnership has identified and planned for sufficient structure, funds, staff, materials, and time to manage its work.
  - Leadership roles, responsibilities, and decision-making authority are defined in writing, agreed upon by the partnership, and reviewed/updated regularly.
  - Regular sustainability planning includes financial planning and identifying possible and diverse funding sources as well as developing program plans that move partnership initiatives toward either independently sustainable programs or integration into the ongoing operations of one or more partners.

## Types of Partnerships

Simply defined as “an alliance among people and organizations working to achieve a common purpose,” CDC’s Division of Oral Health (DOH) states that “a partnership is composed of organizations that share a common focus and combine resources to implement joint activities,” which enhance the success of public health programs. Although some partnerships are problem-oriented, time-limited or convened to accomplish a specific objective, others evolve into long-term efforts, responding to changing environments.

In public health arenas, such partnerships commonly include:

- Collaboration at state, territorial, regional and community levels
- Formal and informal alliances among service agencies
- Consortia of interdisciplinary health care providers
- Grassroots efforts and
- Groups that come together around broader advocacy initiatives.

This report focuses primarily on collaborative partnerships and coalitions at the state and territorial level. How these efforts are named, structured, funded and function may be particular to their goals, situations, or membership. People often say, “If you’ve seen one coalition, you’ve seen one coalition.” The terms listed above tend to be descriptive rather than definitive, and often are used interchangeably. There is no single definition or formula for a successful partnership; however, the report includes resources that describe successful collaborations and toolkits to use in operationalizing them.

### Collaborative Partnerships

Collaborative partnerships may originate when individuals and groups come together around short or time-limited concerns or events, such as defeating a community antifuoridation attempt, or they may be initiated as formal, incorporated organizations. They demonstrate several forms and characteristics according to the needs of the partners and their strategies. Partners may join to address urgent situations, develop and/or exercise political clout, increase communication among groups, pool resources, obtain or provide services, plan and launch community-wide initiatives, or create permanent change. What these diverse stakeholders hold in common is a flexible relationship, in which they work toward mutual or complementary objectives and goals.

### Coalitions

A *coalition* is a group that forms for a specific purpose. The word seems to originate from the political arena; that is, it signifies a combination or alliance of factions or political parties. The Prevention Institute's [Eight Steps to Effective Coalition Building](#) defines a coalition as "a union of people and organizations working to influence outcomes on a specific problem."<sup>13</sup> A coalition might take the primary role of facilitating issues and initiating projects with diverse member organizations, with a long-term perspective toward creating change, including policies that have an impact on their objectives. Coalitions may function as forums for members to share information and report on their own activities, but they often create tangible products benefitting broader constituencies as well.

### Other Collaborative Processes

Some partnerships are effectively defined by collaborating organizations endorsing the work of the leading or convening organization, e.g., in a list of stakeholders or partners on a website. These partners may or may not be consistently involved in the collaboration. They may provide financial assistance, lend their name for recognition, sign on to a letter or document, or provide other support, such as in-kind services.<sup>14</sup>

Collaboration changes the way organizations work together—it moves them from competing to building consensus; from working alone to including others from diverse cultures, fields, and settings; from thinking mostly about activities, services, and programs to looking for complex, integrated strategies; and from focusing on short-term accomplishments to broad policy, systems, and environmental changes.

### **What Working Together Can Do**

Collaborative partnerships and coalitions are inter-organizational, cooperative, synergistic, and engaged in a shared purpose. When they are issue-oriented, structured, focused to act on specific goals, able to adapt to changing circumstances, and committed to recruiting individuals and organizations as members with diverse talents and resources, they are more likely to be effective and sustainable. S/TOHPs often work with oral health coalitions, but as funding opportunities and structures change, they may need to look beyond traditional relationships and establish partnerships with new stakeholders, such as:

- Collaborative partnerships or coalitions can foster relationships needed to implement solutions. For example, oral health coalitions have collaborated with state oral health programs in the development and implementation of state [oral health improvement plans](#).
- Working with states and territories, an oral health coalition can identify needs, convene stakeholders, provide guidance and support for priority setting, recommend directions, endorse the development of strategies and action steps for oral health plans, and monitor their implementation.
- Partnerships can provide advocacy both within and outside government, where S/TOHPs and other state or territorial health agency-based programs may not be able to.
- Collaborative partnerships may convene to address urgent situations, develop and use political clout, increase communication among groups, pool resources, obtain or provide services, plan and launch community-wide initiatives, or create long-term change.
- A collaborative partnership might take the primary role of facilitating issues and initiating projects with diverse member organizations.
- Collaborative partnerships and coalitions are forums for members to share information and report on their own activities, and they often work together to produce tangible products that benefit broader constituencies.

“Collective Impact” has become a widely used and quoted framework.<sup>15</sup> It recognizes that social problems are complex, solutions are multidimensional and interdependent, and effective resolution needs coordinated efforts by stakeholders to solve a specific problem at scale and create lasting social change. The authors identified five conditions as characteristic of a collective impact approach: a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support. The [Collective Impact Forum](#) offers resources, tools and training for working with the model.

### Internal and External Partners

To maximize effectiveness, S/TOHPs need to develop multiple partnerships and relationships. They may collaborate with state oral health coalitions and partner with other state health department programs, civic and non-profit organizations (local, state, or national), and philanthropic foundations.<sup>16,17</sup> Providers of public health services, such as managed care organizations, hospitals, nonprofit corporations, churches, or businesses, are promising partners to improve oral health. The scope of these relationships continue to evolve as understanding of the impact of oral health on overall health increases, along with competition for limited financial resources for S/TOHPs and oral health coalitions. Examples of typical and potential collaborative partnerships for S/TOHPs are described in several ASTDD collaboration resources, along with tips and further references.<sup>18</sup>

Just as there is no single definition or formula for a successful S/TOHP partnership, there are no prescribed list of essential partners. Some partners may participate for the life of the collaboration, while others may fluctuate depending on alignment of purpose, mission fidelity, or changes in financial or human resources. The following table notes potential partners, but is not meant to be all-inclusive (see Section VII, State Practice Examples):

Partner type	Examples
A non-oral health program within the state health agency	<ul style="list-style-type: none"> <li>• Diabetes education, maternal and child health, cardiovascular health, and cancer prevention programs work in collaboration with community and voluntary organizations as well as hospital systems that seek to integrate oral health promotion with overall health concerns.</li> </ul>
Other state agencies	<ul style="list-style-type: none"> <li>• Drinking water unit in a department of environmental protection (if not located within the state health agency), for ongoing monitoring and recognition of public water fluoridation systems.</li> </ul>

	<ul style="list-style-type: none"> <li>• Department of education, to include standards for oral health education in its guidelines and curricula for health education for students, often working in collaboration with school nurses.</li> <li>• Head Start State Collaboration Office, coordinating education and training resources</li> <li>• Area Agencies on Aging to address the oral health needs of the increasing numbers of older adults who are retaining their teeth.</li> </ul>
Quasi-state agencies	<ul style="list-style-type: none"> <li>• One that administers state and federal dental education loan or loan repayment programs, by evaluating applications for assistance, monitoring program participation, and assessing impact</li> </ul>
State primary care associations (PCAs)	Collaborations to <ul style="list-style-type: none"> <li>• secure and increase federal grant funds to strengthen the dental professional workforce</li> <li>• support community-based oral health interventions, such as school-based and school-linked dental sealant programs</li> </ul>
Hospital/health care systems, voluntary associations and service organizations	Initiatives such as <ul style="list-style-type: none"> <li>• tobacco use prevention and control</li> <li>• diabetes education</li> <li>• Importance of oral health during pregnancy</li> </ul>
Educational institutions (such as dental schools, dental hygiene programs, allopathic and osteopathic medical schools, nursing schools, and allied health professional training programs)	<ul style="list-style-type: none"> <li>• Developing and maintaining interprofessional education opportunities that promote dental public health and the integration of oral health with overall health</li> </ul>
Professional associations (such as state dental and dental hygiene associations, medical associations, and school nurse associations)	<ul style="list-style-type: none"> <li>• Including dental public health concerns in their ongoing continuing education programs, while partnering on access to care initiatives</li> </ul>

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### III. Evaluation

Evaluation is a crucial element in the success and ultimately sustainability of collaborations. As important as changes in outcomes are – the reason most coalitions come together – the emphasis is on evaluating organizational infrastructure; function and processes; and assessing fidelity with mission, goals and objectives.<sup>19</sup>

Early on, evaluation is likely to be more concerned with process, since the partnership or coalition will depend on effective organizational characteristics to become established. Partner mix, level of engagement, identifying barriers and challenges, governance, and leadership are among the factors that can be assessed. Later, when the partnership is established, an evaluation could include organizational change (at the partner level), reach, membership, outcomes, and a measure of efficiency.<sup>20,21,22</sup>

The aforementioned toolkits and guides offer a variety of approaches to evaluation. One of a series of technical assistance workbooks, the National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health’s [Developing an Effective Evaluation Report](#) follows the [CDC Framework for Program Evaluation in Public Health](#), which lays out a six-step process for the decisions and activities involved in conducting an evaluation. Although primarily designed for program evaluation, it includes worksheets, tools, and resources that can be used by a partnership to develop an evaluation plan and practice.<sup>23</sup>



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## IV. Challenges and Barriers

Challenges for collaborative partnerships range from organizational development and leadership, to communications concerns, maintaining mission fidelity, and sustainability, a significant concern for many community-based partnerships and coalitions.<sup>24</sup> Sustainability involves its own challenges and cannot be separated from other organizational issues:

- *Short-term sustainability* encompasses those activities needed to keep an initiative, program, or strategy viable long enough to achieve its objectives.<sup>25</sup> The ongoing work of the organization includes:
  - Maintaining buy-in and support from key decision makers and volunteers
  - Supporting sufficient leadership and staff
  - Developing effective communications capacity and funding and
  - Having processes in place to monitor results and inform changes in strategies.
- *Long-term sustainability* is future-oriented, proactive, and often more challenging.<sup>26</sup> To achieve such long-term sustainability, the partnership or coalition must:
  - Develop a long-term plan for assuring its own viability, which may mean managing several strategies for change
  - Identify, develop, and maintain diverse funding sources
  - Nurture and retain collaborative leaders
  - Engage in marketing and branding and
  - Remain nimble enough to ensure that the community, its organizations, and strategies are ready to respond to changes in the environment.

Collaborative partnerships and oral health coalitions, in particular, rely on partners and outside funders for financial support. An informal survey of several state-level oral health coalitions in 2018 suggested that significant staff time is spent identifying and securing funding streams. Membership dues, conferences, and providing services to other organizations can serve as revenue sources for state oral health coalitions.<sup>27</sup> For organizations that function formally as partnerships, even those with “anchor institutions,” experience challenges in securing adequate funding to assure sustainability.<sup>28</sup>

There is no magic prescription for sustainability and no specific formula for financial stability. Collaborative partnerships and coalitions rely on the strength of their relationships, creativity and persistence, and their ability to be nimble and adaptable. They should continually reassess the scope of their activities relative to the availability of funding streams and re-examine their mission. They should be cognizant of other challenges that can ultimately compromise their sustainability by undermining their value to their participants and other stakeholders.

Maintaining mutual trust and respect can be a challenge:<sup>29</sup>

- Lack of a common or consistent understanding of the vision and goals can ultimately be counterproductive if there are differing interpretations among the members.
- Competing goals among partners may interfere with the common work. Goals need to be aligned to meet the collective need. The partners may need to agree to disagree.
- Lack of clarity about responsibilities. If roles and responsibilities are not clear, partners may not meet each other’s expectations, which can undermine trust and respect.

Other challenges or barriers to collaboration include:<sup>30, 31</sup>

- Varying ability to manage and resolve controversy, turf issues, and conflicts with the collaboration’s focus and priorities between the members
- Lack of staff and/or inadequate time to fully engage in the collaboration
- Mistrust of another partner’s motives
- Inefficient decision-making processes
- Limited resources or lack of willingness to share existing resources
- Policy statements that are inconsistent with the policies of individual coalition members

- Withdrawal of support as a result of outside pressures from individuals or groups and
- Decreased levels of cooperation among collaborators during a crisis.

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## V. Resources, Toolkits and Guides

There are extensive resources, toolkits, and reports for developing, maintaining, and evaluating collaborative partnerships and coalitions. The following is a representative list.

### Resources

The following groups provide general background information, resources, guidance and frameworks for partnerships.

- Association of State and Territorial Dental Directors ([ASTDD](#))
  - [Collaboration webpage](#): reports, issue briefs, tip sheets
  - [Toolkit](#): handbook, workbook, and worksheets for planning, improving, and evaluating inter-agency collaboration; assessment matrix
  - [Best Practice Approach Reports](#): include components to inform and support collaborative partnerships
  - [Evaluation and quality improvement](#): resources useful for assessment and evaluation of partnerships
- Centers for Disease Control and Prevention ([CDC](#))
  - [Partnerships, Coalitions & Collaborations](#): webpage of resources provides definitions and outlines of activities and functions; some serve to strengthen collaborative partnerships or coalitions while others offer the potential to sustain and support programs.
  - CDC's [Oral Health Coalition Framework](#)
- American Network of Oral Health Coalitions ([ANOHC](#))
  - Supports and advocates on behalf of oral health coalitions
  - Peer mentoring program, listserv, educational webinars, annual meeting
  - State oral health coalition comparison instrument
  - Comprehensive toolkit for coalition leaders in development in 2019
- OPEN (Oral Health Progress and Equity Network)
  - [Socious](#): online community platform with toolkits, discussion forums, libraries
- The DentaQuest [Partnership](#) for Oral Health Advancement (formerly DentaQuest Foundation and Institute) published *An Electronic Compendium of Resources for Building Oral Health Coalitions*, an extensive [compilation](#) of resources, including:
  - Role of community coalitions
  - How to build a coalition
  - Case studies

### Toolkits and Guides

Toolkits and guides help identify what makes collaborative partnerships work effectively, such as community context, history, leadership, membership, structure, and processes. These resources include activities, worksheets, and additional references for building, maintaining, and evaluating collaborative partnerships. Following are brief descriptions of several such resources, all with different formats and perspectives:

- The [Community Tool Box](#) is an online resource of the [Center for Community Health and Development](#) at the University of Kansas. The Community Tool Box's 46 chapters are organized

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within 12 major topic areas. One of the Tool Box's 16 toolkits is [Creating and Maintaining Partnerships](#), which includes resources for starting and maintaining a coalition, strategic planning, and planning for financial sustainability.

- The Rural Health Networks and Coalitions [Toolkit](#), published online by the [Rural Health Information Hub](#), provides resources, strategies and examples for communities considering developing a new or expanding an existing health network or coalition. Although its focus is on rural health concerns, these resources are useful regardless of setting.
- The [Practical Playbook](#), an online resource hosted by Duke University, was developed in response to the 2012 Institute of Medicine report [Primary Care and Public Health: Exploring Integration to Improve Population Health](#). Its step-by-step guide covers the processes of organizing and preparing; planning and prioritizing; implementing, monitoring and evaluating; using data effectively; and sustaining a partnership. Each section links to further resources, including current literature and reports from the field, with updates in real time.
- [Program Infrastructure in Tobacco Prevention and Control](#), one in a series of Best Practices [User Guides](#) published in 2017 by CDC's Office on Smoking and Health and the Center for Public Health Systems Science at Washington University in St. Louis, focuses on the role of program infrastructure in achieving and sustaining program goals, and includes extensive resources for public health program development.

The guide presents the [Component Model of Infrastructure](#) (CMI), an evidence-based model developed by CDC that "defines infrastructure in practical and actionable terms." The CMI provides an overview of five core components of program infrastructure: responsive plans and planning, multilevel leadership, networked partnerships, managed resources, and engaged data.

The section on partnerships outlines the importance of networked partnerships; creating, developing, and evaluating them; partnering with diverse stakeholders; dealing with conflict; and collaboration – all of which offers an organizing framework for a coalition or collaborative partnership.

- The [Wisconsin Oral Health Coalition](#) includes relevant links for [coalition-building](#), including a [Toolkit](#) that provides guidance for building and maintaining an advocacy coalition for oral health.
- [Community Roots for Oral Health: Guidelines for Successful Coalitions](#) was one of the first guides compiled and published specifically for oral health coalitions. It starts at the very beginning, setting the stage for an oral health coalition, and moves through formation, development of systems, strategies and an action plan, to maintaining and sustaining success.
- The Center for Health Care Strategies [Partnership Assessment Tool for Health](#) (PATH) is geared toward evaluation and is intended for community-based organizations that provide human services and for healthcare organizations currently engaged in partnerships. It explores progress toward achieving benchmarks of effective partnerships; internal and external relationships; service delivery and workflow; funding and finance; and data and outcomes.

"There is not one "right" way to organize, and groups may adopt features from more than one model as they do so. The best way for a network or coalition to organize is entirely dependent upon the factors unique to the group itself; for example, geography, complexity of issue, number of partners, and other factors." - *Rural Health Networks and Coalitions Toolkit, Rural Health Information Hub.*

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## VI. Best Practice Criteria

The ASTDD Best Practices Committee has selected five standard best practice criteria to guide state and community oral health programs in developing their best practices. For these criteria, initial review standards are provided to help evaluate the strengths of a collaborative partnership whose activities focus on promoting and assuring dental disease prevention activities, access to treatment services, and improving oral health. These standards are not intended to be prescriptive and may not be applicable in all instances but may be viewed as aspirational.

### Impact/Effectiveness:

- **The collaborative partnership has a well-articulated and shared vision for improving oral health that is developed through participatory decision making and agreement with its members.**

*Example: Partnership members actively participate through a consensus process in the development of a State Oral Health Improvement Plan.*

- **The partnership has the infrastructure to effectively monitor, manage, and evaluate its activities and impact.**

*Example: The partnership collects data on its activities, measures progress toward its objectives and goals, and provides regular reports to its funders and members.*

*Example: In collaboration with the S/TOHP, the partnership participates in data collection activities and reporting to facilitate dissemination of oral health data on a regular basis (e.g., by posting to a data dashboard to update a Burden of Oral Disease report).*

- **The partnership supports the S/TOHP with the process of collecting oral health data.**

*Example: Partners may participate in organizing and/or funding a Basic Screening Survey.*

### Efficiency:

- **The collaborative partnership, whether short-term or long-term, maximizes available resources to produce intended and documented results.**

*Example: The partnership monitors and evaluates the effectiveness of its structure and operations on a regular basis, by assessing goals and objectives and confirming alignment or need for re-alignment with its vision for improving oral health.*

*Example: The partnership leverages the strengths and interests of its members to further its own goals. For example, ensuring alignment of messaging to policy makers.*

### Demonstrated Sustainability:

- **Operational policies facilitate the partnership's ability to effectively identify, leverage, obtain, and use diverse sources of funding to continue its work promoting and improving oral health.**

*Example: Working with the S/TOHP and other stakeholders, the partnership uses funding or in-kind resources for coordination and implementation of activities to counterbalance limitations on the S/TOHP in funding (e.g., from state dollars) or activities (e.g., limits on political activity), such as the coordination of a community water fluoridation campaign.*

## Collaboration/Integration:

- **Members of the collaborative partnership represent a broad base of networked stakeholders, helping to integrate the work of the partnership into their own organizations.**

*Example: As a result of working reciprocally with other existing state or community stakeholders via agreements, MOUs, or other mechanisms as needed, oral health is reflected in other state health plans (e.g., chronic disease management, injury prevention) and other initiatives (e.g., opioid use reduction).*

## Objectives/Rationale:

- **The collaborative partnership's goals and objectives correspond to and are supportive of the state's or territory's oral health goals, objectives, and initiatives to build and maintain capacity and achieve improvements in oral health.**

*Example: Members of the partnership or coalition support the S/TOHP's programmatic goals by taking lead roles in program development and delivery, such as obtaining local funding and coordinating school-based dental sealant initiatives.*

## Evidence Supporting Best Practice Approaches

The ASTDD Best Practices Committee takes a broad view of evidence to support best practice approaches for building effective state and community oral health programs. Practices that are linked by strong causal reasoning to the desired outcome of improving oral health and total well-being of priority populations will be included as descriptive reports. Strength of evidence from research, expert opinion and field lessons fall within a spectrum: at one end of the spectrum are **promising best practice approaches**, which may be supported by little research, a beginning of agreement in expert opinion, and very few field lessons evaluating effectiveness; on the other end of the spectrum are **proven best practice approaches**, ones that are supported by strong research, extensive expert opinion from multiple authoritative sources, and solid field lessons evaluating effectiveness. Research may range from a majority of studies in dental public health or other disciplines reporting effectiveness to the majority of systematic reviews of scientific literature supporting effectiveness.

Expert opinion may range from one expert group or general professional opinion supporting the practice to multiple authoritative sources (including national organizations, agencies, or initiatives) supporting the practice. Field lessons may range from success in state practices reported without evaluation documenting effectiveness to cluster evaluation of several states (group evaluation) documenting effectiveness.

To access information related to a systematic review vs. a narrative review: [Systematic vs. Narrative Reviews. \(Accessed: 5/21/2019\)](#)

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## VII. State Practice Examples

The following practice examples illustrate various elements or dimensions of the best practice approach of *State and Territorial Oral Health Programs and Collaborative Partnerships*. These reported success stories should be viewed in the context of the states and program's environment, infrastructure and resources. End-users are encouraged to review the practice descriptions (click on the links of the practice names) and adapt ideas for a better fit to their states and programs.

## A. Summary Listing of Practice Examples

**Table 1** provides a listing of programs and activities submitted by states. Each practice name is linked to a detailed description.

<b>Table 1. State Practice Examples Illustrating Strategies for State and Territorial Oral Health Programs and Collaborative Partnerships</b>		
<b>Practice Name</b>	<b>State</b>	<b>Practice</b>
<a href="#">Alabama Department of Public Health Grant for HandsOn River Region’s Pay It Forward Program</a>	AL	01006
<a href="#">Illinois Comprehensive Cancer Control Plan</a>	IL	16003
<a href="#">Community-based Oral Health Needs Assessment and Planning</a>	IL	16008
<a href="#">Statewide Dental Coalition Support</a>	MD	23010
<a href="#">Partnerships with Academia</a>	MD	23011
<a href="#">Oral Health Across the Commonwealth</a>	MA	24007
<a href="#">Partnering to Provide Perinatal Oral Health Care</a>	MI	25012
<a href="#">A Strong Collaboration with the State Dental Association</a>	MO	28005
<a href="#">Working with a Coalition in Missouri</a>	MO	28009
<a href="#">Oral Health Workforce Grant Brings Healthier Smiles to CNMI</a>	MP	59001
<a href="#">Oral Health Nutrition and Obesity Control Program</a>	NJ	33031
<a href="#">Dental Workforce Opioid Education</a>	NJ	33032
<a href="#">Nevada’s Oral Health Coalitions</a>	NV	31005
<a href="#">Effective Coalition Building to Advance Systems Change</a>	NC	36011
<a href="#">Engaging Regional Providers and Stakeholders in Improvement Planning</a>	NC	36012
<a href="#">Sustainability of an Oral Health Program</a>	ND	37004
<a href="#">Oral Health Coalitions: Connecting People and Systems to Influence Oral Health Outcomes</a>	OH	38009
<a href="#">Pennsylvania Coalition for Oral Health (PCOH)</a>	PA	42004
<a href="#">Save A Smile</a>	TX	49004
<a href="#">National Center for Early Childhood Education and Wellness: Dental Hygienist Liaison Partnership Project</a>	ASTDD	99004

## B. Highlights of Practice Examples

Highlights of state practice examples are listed below.

AL [Alabama Department of Public Health Grant for HandsOn River Region's Pay It Forward Program](#)  
(Practice #01006)

Pay It Forward is a value-based volunteer program where participants may exchange volunteer hours at any of more than 200 local venues for dental treatment ranging from prophylaxis, to extractions, to amalgam and composite restorations. Originally intended for pregnant women enrolled (and vetted) through Gift of Life, expectant fathers enrolled in Gift of Life programs are now also eligible.

IL [Illinois Comprehensive Cancer Control Plan](#) (Practice #16003)

The Illinois Cancer Partnership (ICP) has been an on-going supported activity led by the Illinois Department of Public Health (IDPH), Division of Chronic Disease. Representatives of the public, private, professional and voluntary agencies along with policymakers concerned about cancer in Illinois are invited to participate through the ICP in a process to develop a comprehensive cancer control plan. The oral health community has been well represented in the partnership. The consistent inclusion of oral cancer into a state comprehensive cancer control plan capitalizes on resources not normally available to a state oral health program.

IL [Community-based Oral Health Needs Assessment and Planning](#) (Practice #16008)

The **Oral Health Needs Assessment and Planning Program (OHNAP)** assists communities in Illinois determine the oral health status and plan the necessary comprehensive oral health programs to meet the community needs. The Association of State and Territorial Dental Directors (ASTDD) "Seven-Step Model" and the *Illinois Supplemental Guidance* are used by the Illinois counties to facilitate a systematic data collection and analysis process that translates into an action plan.

MD [Statewide Dental Coalition Support](#) (Practice #23010)

The Maryland Department of Health, Office of Oral Health has formed a strong partnership with the Maryland Dental Action Coalition, collaborating on numerous initiatives. This collaboration has enabled Maryland to promote and attempt to improve oral health from multiple avenues, increasing the capacity to enact a positive change for Maryland's citizens.

MD [Partnerships with Academia](#) (Practice #23011)

The Maryland Department of Health, Office of Oral Health (OOH) has partnered with the University of Maryland, School of Dentistry, the University of Maryland, School of Public Health, The Johns Hopkins Medical Institutions and the Howard University College of Dentistry on numerous projects, such as Basic Screening Surveys and advising/informing the direction of the OOH programs.

MA [Oral Health Across the Commonwealth](#) (Practice #24007)

The Oral Health Across the Commonwealth (OHAC) program is the result of a collaborative relationship between Tufts University School of Dental Medicine's Community Dental Program (a dental school) and the Commonwealth Mobile Oral Health Services (a private portable dental care provider). This collaboration allows for a comprehensive care model with Tufts providing preventive services and oral health education and Commonwealth Mobile Oral Health Services providing restorative services.

MI [Partnering to Provide Perinatal Oral Health Care](#) (Practice #25012)

In 2017, the Michigan Initiative for Maternal and Infant Oral Health (MIMIOH) launched with the intention of improving the oral health of pregnant women as well as the oral health of her future children. The Michigan Department of Health and Human Services (MDHHS) awarded nearly 1 million dollars to the University of Detroit Mercy School of Dentistry (UDM) to implement a project

that would place a Registered Dental Hygienist (RDH) directly within an OBGYN setting. MDHHS and UDM partnered with the Michigan Primary Care Association (MPCA), the organization that represents Michigan's Federally Qualified Health Centers. Since October of 2017, over 4100 individual women and children have received oral health services from the embedded RDH in eleven sites across the state and demonstrated the sustainability of this project within certain practice settings.

MO [A Strong Collaboration with the State Dental Association](#) (Practice #28005)

Missouri has a close collaboration with the state dental society and the Office of Dental Health (ODH), which is critical to assuring a viable and effective state oral health program. A strong working relationship provides the State Dental Director with much more flexibility in addressing political issues and can provide important political support for the State Dental Director's position. The Office of Dental Health in the Missouri Department of Health and Senior Services has cultivated a good relationship with the Missouri Dental Association (MDA) for over 40 years. The State Dental Director's position was reinstated in large part due to the MDA lobbying efforts.

MO [Working with a Coalition in Missouri](#) (Practice #28009)

The Missouri Coalition for Oral Health (MCOH) has been a very strong partner for the Office of Dental Health (ODH). The MCOH has worked to create a broad base of constituents, including dental professionals, community oral health advocates, legislators and funding agencies. The major outcomes (2015-2018) from the efforts of the MCOH are the successful funding and reinstatement of the State Dental Director position in 2015, the reinstatement of the Medicaid Adult Dental Benefits in 2016 and the Fluoridation Notification Statute in 2017.

MP [Oral Health Workforce Grant Brings Healthier Smiles to CNMI](#) (Practice #59001)

The Commonwealth of the Northern Mariana Islands (CNMI) Public Oral Health Program (OHP) is working to reduce the decay rate in children. Partnering with Head Start to institute a fluoride varnish program and with the Public-School system (PSS) to provide a school-based sealant program. The Prenatal Dental Referral Program is a collaborative effort between Women's Clinic, the Maternal and Child Health Bureau and the OHP to treat prenatal patients at every point of their visit within each department. This has allowed for a decrease in decayed teeth in the CNMI children.

Partnerships between the OHP, local health agencies such as Non-communicable Disease Program and Comprehensive Cancer Coalition Program have been created to provide cessation and awareness programs on the association of betel nut chewing and oral cancer.

NJ [Oral Health Nutrition and Obesity Control Program](#) (Practice #33031)

In 2018, the New Jersey Department of Health, Division of Community Health Services, having been awarded funding through the Health Resources and Services Administration (HRSA), entered into an agreement with three Federally Qualified Health Centers (FQHCs) providing dental services, to screen children ages 6-11 at dental visits for Body Mass Index (BMI) according to Centers for Disease Control and Prevention (CDC) guidelines and provide oral health nutrition counseling.

NJ [Dental Workforce Opioid Education](#) (Practice #33032)

In 2018 the New Jersey Department of Health (NJDH), Division of Community Health Services, having been awarded Health Resources and Services Administration funding, entered into an agreement with Rowan University School of Osteopathic Medicine to create three education Modules for the dental workforce regarding opioid prescribing best practices and the opioid epidemic as it relates to dentistry. An agreement has been made between the NJDH and Rutgers School of Dental Continuing Education for Continuing Education Credits to be conferred for registrants who complete the Rowan Opioid Education Modules. Rowan and Rutgers will work together cooperatively to update and include more information regarding opioids into dental



student curriculum. The NJ Board of Dentistry is proposing regulations requiring dental professionals receive opioids best practices education as part of the biennial license renewal period.

NV [Nevada's Oral Health Coalitions](#) (Practice #31005)

Due to Nevada's geographic challenges and the diversity of the communities within Nevada, the State Oral Health Program (SOHP) has partnered with stakeholders to develop an overarching Advisory Committee for Oral Health (AC4OH) along with local oral health coalitions that address the needs of the State and local communities. Members of AC4OH bring state level information and direction to their communities, and in a similar fashion, information and recommendations from the local level are communicated back to the state. This strong relationship of communication enables stakeholders to support activities that fulfill the ideals of the State Oral Health Plan.

NC [Effective Coalition Building to Advance Systems Change](#) (Practice #36011)

The North Carolina Oral Health Collaborative (NCOHC) is a statewide coalition focused on resolving consumer-level and systemic barriers to optimal oral health. NCOHC is a program of a nonprofit 501(c)(3) organization, the Foundation for Health Leadership and Innovation (FHLI). The Collaborative's efforts are focused on raising awareness, leveraging community engagement, and driving sustainable policy change.

NC [Engaging Regional Providers and Stakeholders in Improvement Planning](#) (Practice #36012)

A state plan is foundational to develop policies and identify actions to reach goals and success requires the support of those who must implement it. North Carolina's newest Oral Health Plan is being written in partnership with the safety net dental providers and oral health stakeholders who will be engaged in implementing the plan. Several years ago, staff began to work in Regions, serving about ten counties each, and convened Regional Oral Health Alliances (ROHA) comprised of local public health professionals and stakeholders with the goal to improve oral health locally. The oral epidemiologist provided each of the ten Regions *Oral Health Snapshots*, one-pagers of data points that ROHAs could use as their "community oral health assessment."

ND [Sustainability of an Oral Health Program](#) (Practice #37004)

When vital program funding from federal sources was reduced it created a daunting challenge. Since this was a sudden and unexpected loss in funding, it necessitated cuts in staffing and reductions in program services. The primary asset that enabled survival during this period was a strong network of organizational relationships, partnership groups such as the Oral Health Coalition, and oral health resources that had been developed through years of collaborative work. This network was built by the State Oral Health Program in collaboration with a variety of partners including numerous state agencies, non-profit organizations, providers, funders, third-party payers, educational institutions and communities

OH [Oral Health Coalitions: Connecting People and Systems to Influence Oral Health Outcomes](#) (Practice #38009)

State oral health coalitions can be powerful influencers of system and structural change to improve oral health outcomes. Partnerships with diverse stakeholders drive this influence. Many Oral Health Ohio (OHO) partners include agencies, organizations and other coalitions that have broad membership and constituent reach. When twelve health centers in Ohio were awarded HRSA dental expansion grants, Oral Health Ohio sent this information out to partners such as Ohio Head Start, Ohio Association of Community Action Agencies, Charitable Healthcare Network, Ohio Department of Aging and Ohio Association of Health Commissioners to push out to their members/constituents to inform them of expansion of dental care in their communities.

PA [Pennsylvania Coalition for Oral Health \(PCOH\)](#) (Practice #42004)

In 2013, a small group of oral health advocates including community health professionals, dental providers, and community foundations formally organized the PA Coalition for Oral Health (PCOH). Today, PCOH is a statewide leader in oral health advocacy, working with more than 100 organizations and over 700 stakeholders to shape policy and educate the public about the importance of lifelong dental health. PCOH is funded through government and non-government grants, private and corporate donations, with a total budget of more than \$700,000 and an operating budget of around \$275,000.

TX [Save A Smile](#) (Practice #49004)

Save a Smile (SAS) is an innovative, collaborative partnership designed to address the comprehensive dental care needs of some of our community's most underserved children. SAS is led by Cook Children's Health Care System (local children's hospital) as part of our promise to improve the health status of every child in our region through the prevention and treatment of illness, disease and injury.

ASTDD [National Center for Early Childhood Education and Wellness: Dental Hygienist Liaison Partnership Project](#) (Practice #99004)

Since 2001 the Association of State and Territorial Dental Directors (ASTDD) and the National Maternal and Child Oral Health Resource Center (OHRC) have partnered to provide technical assistance and training (T/TA) to Early Head Start (EHS) and Head Start (HS) programs and since 2015 to child care programs. The American Academy of Pediatrics (AAP) received cooperative agreements from the Office of Head Start (OHS) to support EHS/HS programs (2011–2015) and from OHS and the Office of Child Care to support EHS/HS and child care programs (2015–2020). For both agreements, AAP contracted with OHRC for the oral health component, which contracted with ASTDD to coordinate the Dental Hygienist Liaison (DHL) project starting in 2012. ASTDD partnered with the American Dental Hygienists' Association to help recruit DHLs in all states.

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### VIII. Acknowledgements

This report is the result of efforts by the ASTDD Best Practices Committee to identify and provide information on developing successful practices that address State and Territorial Oral Health Programs and Collaborative Partnerships.

The ASTDD Best Practices Committee extends a special thank you to Judith Feinstein, MSPH, for her partnership in the preparation of this report.

This publication was supported by Cooperative Agreement 6NU58DP001695-01 and 02 from the CDC, Division of Oral Health.

**Suggested citation:** Association of State and Territorial Dental Directors, Best Practices Committee. Best Practice Approach: State Oral Health Programs and Collaborative Partnerships [monograph on the Internet]. Reno, NV: Association of State and Territorial Dental Directors; 24p. Available from: <http://www.astdd.org>.

## **IX. Appendix**

### **Appendix A: National Organizations and Partners**

The following organizations have been primary partners at the national level for S/TOHPs and their work in collaborative partnerships. There are many others, as suggested by the table on p.7 and elsewhere in the text of this document.

#### ***Association of State and Territorial Dental Directors***

The Association of State and Territorial Dental Directors ([ASTDD](#)) "is a national non-profit organization representing the directors and staff of state public health agency programs for oral health... and is one of 20 affiliates of the Association of State and Territorial Health Officials (ASTHO). ASTDD's mission is to "provide leadership to advocate for a governmental oral health presence in each state and territory; increase awareness of oral health as an important and integral part of overall health; address health equity; promote evidence-based oral health policy and practice, and assist in the development of initiatives to prevent and control oral diseases."<sup>32</sup> These functions are supportive of collaborative partnerships in which ASTDD, member states and territories, and state and local oral health partnerships may participate.

#### ***U.S. Centers for Disease Control and Prevention, Division of Oral Health***

The U.S. Centers for Disease Control and Prevention (CDC), [Division of Oral Health](#) (DOH) offers a range of information to S/TOHPs and their partners. The focus of its direct funding to states and territories has changed since 2005, moving from broad infrastructure and capacity development to more specific support for preventive interventions (i.e., school-based sealant programs and community water fluoridation) and more integration with chronic disease prevention efforts. CDC's resources include evidence-based data, references, and links that a collaborative partnership can use to build programs and support interventions, and a webpage on [Partnerships, Coalitions & Collaborations outlines strategies for building effective state programs.](#)

#### ***American Network of Oral Health Coalitions***

The American Network of Oral Health Coalitions ([ANOHC](#)), a membership organization of state oral health coalitions, provides a forum for coalition leaders to share information and leverage resources. It hosts a member listserv, offers webinars for members to keep up with trends and learn best practices from each other, sponsors a peer mentoring program, and provides technical assistance to new and existing state oral health coalitions. In addition, ANOHC serves its members by speaking and advocating as a unified voice on policies and issues affecting oral health and state coalitions in the nation.

#### ***DentaQuest Partnership, Oral Health 2020, and the Oral Health Progress and Equity Network***

In 2009, the DentaQuest Foundation (DQF) established a multi-year effort to implement a national systems-change strategy with the stated mission to improve oral health of all. An interconnected network of national, state, and community-based organizations and interested parties with the shared vision of eliminating disparities and improving oral health across the lifespan was created.<sup>33</sup> DQF identified the work of the network as a partnership for change, and worked to create an infrastructure to support it at the national and local levels. In late 2018, the network rebranded as the Oral Health Progress and Equity Network ([OPEN](#)), and in 2019, the DentaQuest Foundation rebranded as the [DentaQuest Partnership for Oral Health Advancement](#).

#### ***The American Academy of Pediatrics***

The American Academy of Pediatrics ([AAP](#)) and its Section on Pediatric Dentistry and Oral Health are engaged in initiatives to improve the oral health of children and adolescents by educating health professionals and collaborating with other organizations. With its focus areas of medical/dental integration, implementing preventive oral health services in the medical home, advocating for community water fluoridation, and designing effective communication strategies to educate others about oral health, the AAP and its local chapters represent a resource for effective collaborations. The [Campaign for Dental Health](#) (CDH), hosted by the AAP, is one example of a broad and effective partnership. More than 165 local, state, and national organizations are partners in CDH, working

together to promote and protect community water fluoridation through education and evidence-based information.

### ***The Children's Dental Health Project***

The Children's Dental Health Project ([CDHP](#)) was an independent nonprofit organization focused on health policies and systems and advancing solutions so all children achieve oral health between 1997 and 2019. CDHP's relationships with its various funders demonstrated many characteristics of partnerships, in their collaborative approach to research projects, co-sponsorships, information dissemination, and technical support. CDHP developed scientifically grounded tools, resources and training to support SOHPs in building capacity and infrastructure. Among these are the *Policy Consensus Tool*, a facilitated process for stakeholder input and strategic planning often used by coalitions, and two *Comparison Tools* which serve as sharing and learning modules for developing state oral health plans and state oral health coalitions. As CDHP moved away from direct work with coalitions, [ANOHC](#) took on management of the coalition comparison tool. CDHP's resources and reports were moved in December 2019 to other partners, primarily [Community Catalyst](#).

### **Appendix B: Research and Reports: a philosophical and contextual undergirding of collaborative partnerships and coalitions**

The fundamental motivation for creating collaborative partnerships and coalitions is to share resources and build capacity to achieve mutual and complementary objectives and goals. Many theoretical models have been used to describe their formation and ongoing development, among them social-ecological theory, the public health model, and community coalition action theory.<sup>34</sup> Understanding these models is an important step in initiating a partnership.

- Social-ecological theory is based in recognizing that there is a social and environmental system in which people exist, and the larger systems in which people live affects their individual behavior. This model takes into account population and individual influences and impacts.<sup>35</sup>
- The public health model focuses on population health with an emphasis on prevention of disease from the community perspective, rather than targeting the individual, by directing activity to address concerns at the policy, systems, and environment levels.<sup>36</sup>
- Community Coalition Action Theory (CCAT) identifies and outlines influences and processes affecting coalition development and growth. This theory is discussed in more detail because of its research-based identification of characteristics of successful partnerships and coalitions.<sup>37</sup>

Community Coalition Action Theory (CCAT) is one of the most cited and comprehensive approaches to understanding the role of partnerships in community health initiatives. It was conceived by Butterfoss and Kegler, who note that "A coalition is action oriented and focuses on reducing or preventing a community problem by analyzing the issue, identifying and implementing solutions, and creating social change."

CCAT "attempts to synthesize and provide an overarching framework for what is known about coalitions both empirically and from years of collective experiences," based on an extensive literature that includes case studies, evaluation and research findings, and conceptual frameworks to explain how coalitions are instrumental in creating community change. The model suggests that coalitions move in stages from formation, to development, implementation, maintenance, and institutionalization. They may frequently loop back to earlier stages and steps as new issues arise or when planning cycles are repeated.

Butterfoss and Kegler note that coalitions embody a type of collaboration that "represents the highest level of working relationships that organizations can experience." They identified the following characteristics, reflected in CCAT and consistent with recommendations for success from other sources:

Roussos and Fawcett published a systematic review that examined 34 separate studies describing the impact of 252 collaborative partnerships. They sought to:

- Explore whether partnerships change behavior and improve population-level health outcomes
- Examine whether partnerships influence associated environmental (community and systems) changes
- Document insights relating those environmental changes to future health outcomes and
- Identify factors that contribute to a partnership's ability to affect such changes.

Although nearly two decades old, the questions this review sought to answer remain relevant and are reflected in current partnership initiatives, research, and evaluation studies.<sup>38</sup>

The following may not be specific to S/TOHPs and their collaborative partners, but the principles and findings offer insightful value regardless of the content area.

- In its 2012 report, *Primary Care and Public Health: Exploring Integration to Improve Population Health*, the Institute of Medicine identified similar core principles for successful integration.<sup>39</sup> In response, a 2014 study of partnerships among hospitals, public health departments, and other stakeholders, *Improving Community Health through Hospital–Public Health Collaboration*, examined characteristics and patterns of success and identified challenges.<sup>40</sup> Although results cannot be generalized, this report offers an in-depth discussion of findings and key lessons learned, and notes elements similar to those identified in other (non-hospital) partnerships, including: multiple factors led to these collaborations, grant funding was available for start-up, the active engagement of partners was crucial, and even with the affiliation with hospitals, most were “organized in a loose affiliation or coalition model.”
- From the education field, a chapter on collaboration, networks, and partnerships from the National Research Council's publication, *Guide to Implementing the Next Generation Science Standards* focuses on work with schools and districts.<sup>41</sup> It references principles similar to those in the public and community health literature, and provides a useful perspective developing and maintaining collaborative partnerships, and includes a description of common pitfalls.

## X. References

Please note that all links within the text of this paper and following in the Endnotes were correct at the time of publication. If a link does not work, the website location or document name may have changed. Searching for the document by name may be an alternative way to find it.

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<sup>31</sup> Klaus TW. Op. cit.

<sup>32</sup> Association of State and Territorial Dental Directors, <https://www.astdd.org>.

<sup>33</sup> Grantmakers for Effective Organizations. Who is Working Well Together? DentaQuest Foundation. The Smarter Grantmaking Playbook. Grantmakers for Effective Organizations, Washington, DC.: Grantmakers for Effective Organizations; 2014. <https://www.geofunders.org/resources/509>

<sup>34</sup> [Rural Health Information Hub](#). Rural Health Networks and Coalitions Toolkit. Theoretical Support behind Networks and Coalitions, <https://www.ruralhealthinfo.org/toolkits/networks/1/theories>.

<sup>35</sup> For more information, Rural Health Information Hub, <https://www.ruralhealthinfo.org/toolkits/health-promotion/2/theories-and-models/ecological> and National Cancer Institute, Theory at a Glance: A Guide For Health Promotion Practice (Second Edition) at <http://www.sbccimplementationkits.org/demandrnmch/wp-content/uploads/2014/02/Theory-at-a-Glance-A-Guide-For-Health-Promotion-Practice.pdf>

<sup>36</sup> Examples of the application of the Public Health Model may be found at the Rural Health Information Hub <https://www.ruralhealthinfo.org/project-examples/topics/public-health>, including oral health examples (search under Models and Innovations).

<sup>37</sup> Butterfoss FD, Kegler MC. a coalition model for community action. Op. cit.

<sup>38</sup> Roussos ST and Fawcett SB. A review of collaborative partnerships as a strategy for improving community health. Annu. Rev. Public Health. 2000. 21:369–402. <https://www.ncbi.nlm.nih.gov/pubmed/10884958>

<sup>39</sup> Institute of Medicine. Primary Care and Public Health: Exploring Integration to Improve Population Health. Washington, DC: The National Academy Press; 2012.

<sup>40</sup> Prybil L, Scutchfield DF, Killian R et al. Op. cit.

<sup>41</sup> Committee on Guidance on Implementing the Next Generation Science Standards; Board on Science Education; Division of Behavioral and Social Sciences and Education; National Research Council. *Guide to Implementing the Next Generation Science Standards*. Op. cit.