Step 4: Reviewing Systems and Oral Health Strategies

Critical Task: To consider and build on knowledge of what works well to influence systems and improve oral health practices.

Introduction

The first part of Step 4 presents information to assist coalitions in identifying the underlying causes of oral health problems. Step 4 then examines how systems impact change. Finally, a review of a variety of oral health coalition strategies is presented for consideration. These strategies have an emphasis on a systems development approach. This means they are strategies that are sustainable and will integrate with existing systems. As your coalition reaches the point of discussing strategies, keep in mind this question:

- *Are we creating a sustainable systems change?*

Step 4 looks at the following:

- Identifying root causes of problems
    - The "Why?" Technique
- Understanding how systems work
- Assessing existing systems
- Approaches that work: Assessing different coalition strategies
    - Policy advocacy
    - Media advocacy
    - Oral health promotion
    - Linking to targeted groups
    - Prevention of dental disease
    - Access to dental services
    - Prevention education partnerships

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Identifying root causes of problems

The following information and activity are adapted from the Community Toolbox.[1]

What are "root causes?"

Root causes are the basic reasons behind the problem or issue you are concerned about in the community. Trying to figure out why the problem has developed is an essential part of the problem solving process, both to assure thoughtful responses and to help participants "own" the problem and the solution. Identifying genuine solutions to a problem means knowing what the real causes of the problem are. Taking action without identifying what factors contribute to the problem can result in misdirected efforts. That wastes time and resources.

When should you identify root causes?

- Whenever you are faced with addressing a challenging community problem it is important to look at root causes.

- When there is support for a "solution" that does *not* seem to get at the real causes of the problem. For example, if there's a lack of access to dental care for low-income families, let's distribute free toothbrushes.

- When there is ignorance or denial of why a community problem exists.

How can the "Why?" technique be used to identify root causes?

The "Why?" technique is one method used to identify underlying reasons that affect a community issue. The technique examines a problem by asking questions to find out what caused it. Each time an answer is given, a follow-up "Why?" is asked.

The "Why?" technique can be used to discover base or "root" causes either in individual or broader social systems:

1. It can be used to find which individual factors could provide targets of change for your cause, such as levels of knowledge, awareness, attitudes, and behavior.

    - Do people need more knowledge about preventing dental disease?
    - Do children need to learn good oral health practices?
    - Do parents need to learn how to find a dentist?

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[1] *Community Tool Box*, "Analyzing Root Cause of Problems: The "But Why?" Technique," Chapter 12, Section 1, University of Kansas.

2. It can explore social causes. For example, it could help us ask why a certain population group seems to have a higher rate of dental disease. These social causes divide into three main sub-groups:

   - Cultural factors, such as customs, beliefs, and values
   - Economic factors, such as money and resources
   - Political factors, such as decision-making

3. It can uncover multiple solutions for a certain problem and allow the user to see alternatives that he or she might not have seen before. It increases the chances of choosing the right solution, because many aspects of the problem are explored during the "Why?" exercise.

Of course, the "Why?" technique is not always your best bet and should not be used one hundred percent of the time. It's extremely efficient to find a variety of solutions, besides being a quick and inexpensive technique that can be done by anyone, at any time, anywhere. For different results, you should use more sophisticated methods, such as surveys, interviews and data collection as described in Step 3.

How does the "Why?" technique work?

Here's how it works. A group examines a community problem by asking what caused it. Each time someone gives an answer, the "asker" continues to probe, mostly by asking "Why?" or "how could it have been prevented?"

1. First, invite people who are both affected by the problem and are in a position to contribute to the solution to brainstorm possible causes. The more representative the working group, the more likely it is for the root causes to be uncovered.

2. Select one member of your group to act as the "asker." This person will be the one asking the "Why?" questions.

3. Choose an issue to examine. Once the specific problem is identified and described, your "asker" will guide you in identifying what your group considers to be the root causes of that problem. The identification of root causes should be made by answering the "Why?" questions.

Here's an example:

Problem: A child has a dental abscess.

Q: Why?
A: She has a severely decayed tooth.

Q: Why?
A: Because dental decay wasn't prevented.

Q: Why?
A: Because the child didn't have preventive dental care.

Q: Why?
A.   Her mother didn't take care of her teeth.

Q: Why?
A: She didn't think baby teeth were important.

Q: Why?
A: No one ever told her.

Q: Why?
A: There is a lack of education on preventative oral health.

<div align="center">(and so forth)</div>

Understanding how systems work

What is a system?

"A system is a group of key individuals and organizations that interact to produce a benefit or to maintain a way of living, working, and relating. For example, social systems exist to meet people's basic needs and manage emergencies. Justice systems preserve law and order to keep people safe. Education systems exist so people can learn, while business systems produce goods and services, offer employment, and generate revenue."[2] A system is a set or group of interconnected, interdependent components that form a complex whole. The central thread of any system is information and the flow of information between various links of the communication network that supports the operation of the system. [3]

What is systems change?

Systems development looks at making changes within structures such as state and local government, agencies, businesses, and institutions with influence, such as schools and churches. Structures are encouraged to be more responsive, and sometimes, to change the way things are done to work better.

Coalitions can be the vehicle for systems development and can be the catalyst for long term change. To make lasting change, a coalition needs to understand the present system, plan any needed changes and begin to change the system. Examples of systems development can be: a water fluoridation initiative, a school system that changes its policy and requires a dental examination for school entry, a Head Start agency that makes a policy to give fluoride supplements to all children in its care, or a new dental clinic to serve low-income residents.

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[2] Michael Winer and Karen Ray, *Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey,* p. 129, Amherst H. Wilder Foundation, Saint Paul, Minn.,.1997.
[3] Guyer, et al., *Assessing and Developing Primary Care for Children*

After you have identified some key root causes for your priority problem, discuss what approaches might be undertaken to remove or counteract those root causes. At this point you should look at all possible approaches and select the one that best fits your problem.

Assessing existing systems

Another exercise that may be helpful to your group in deciding what strategies to target for the work of your coalition is the following:

Ask: What systems are there in your community that influence the oral health of its residents?

Use Worksheet # 10 to diagram the network involved in the problem on which you have decided to focus. Worksheet # 11 shows a completed example. Once you have completed the worksheet, think about the systems, both formal and informal, that may be influenced to change this problem.
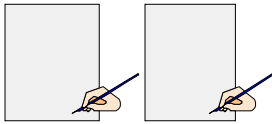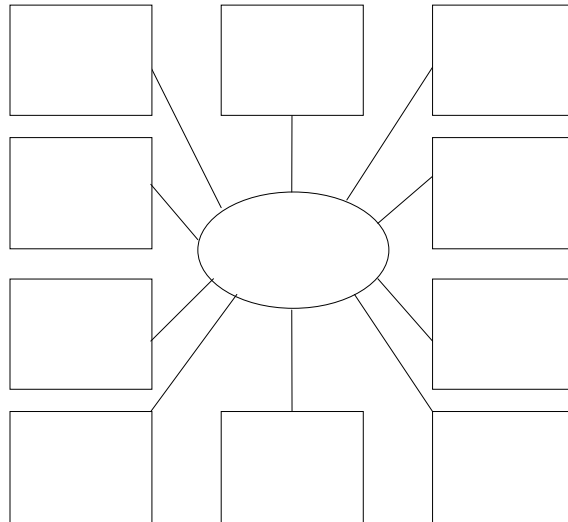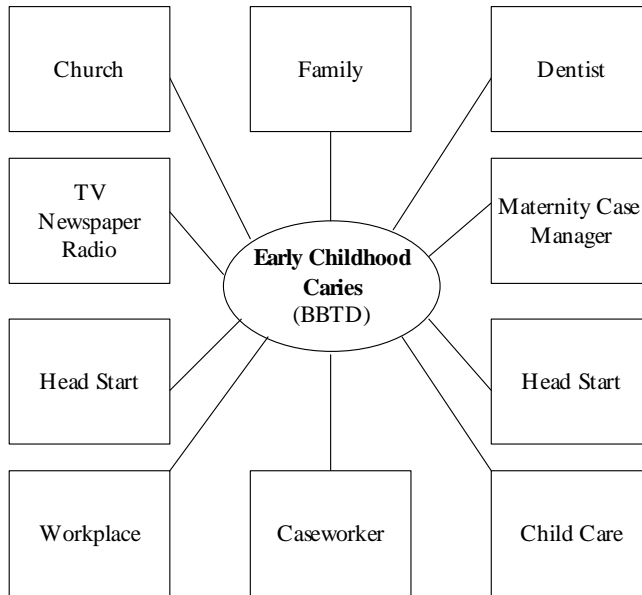
Worksheet #10 Systems Analysis (page 60)
Worksheet #11 Systems Analysis (sample) (page 61)

Worksheet # 10

Systems

Systems Analysis

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┌──────────┐    ┌──────────┐    ┌──────────┐
│  Church  │    │  Family  │    │  Dentist │
└──────────┘    └──────────┘    └──────────┘

┌──────────┐      ╱────────╲     ┌──────────────┐
│    TV    │    │  Early     │   │ Maternity Case│
│ Newspaper│────│ Childhood  │───│   Manager     │
│   Radio  │    │  Caries    │   └──────────────┘
└──────────┘    │  (BBTD)    │
                 ╲────────╱
┌──────────┐                     ┌──────────┐
│Head Start│                     │Head Start│
└──────────┘                     └──────────┘

┌──────────┐    ┌──────────┐    ┌──────────┐
│ Workplace│    │Caseworker│    │Child Care│
└──────────┘    └──────────┘    └──────────┘
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Approaches that work: Assessing different coalition strategies

Many factors influence which strategies a community chooses to use to address oral health needs. You may want to consider strategies that have a proven track record and others that are being researched for their effectiveness. The following are examples of a variety of successful coalition strategies.

Policy advocacy

Building a coalition is the first important step when advocating for change. A group of organizations and individuals representing a broad-based cross section of the community certainly brings more clout than an individual organization. There are certainly opportunities for coalitions to be advocates at the state and local level to change policies, laws, regulations, and legislation.

Policy areas that your coalition may be interested in are state-wide or local water fluoridation (see water fluoridation campaigns), funding prevention campaigns, raising the rates for Medicaid reimbursement for dental care, capacity building to establish clinics, and piloting new oral health strategies. Remember that policy changes include changes in administrative codes and regulations, not just legislation. Are your legislators and council members informed about the dental issues in your community? Invite legislators and people that are involved in policy issues to be a part of, or to brief your coalition.

Another coalition found that their community had a high incidence of early childhood caries in all income levels in the community. A partnership with a local hospital was formed that started getting baby bags with dental information to families of newborns. The hospital evaluated the project and found that there was a benefit to getting information to families early. The coalition then worked further with the hospital on making a change in policy so that all families with new babies receive dental information with immunization information before they leave the hospital. This coalition crossed over into policy advocacy.

Media advocacy

Media advocacy is a relatively new strategy that is emerging in the public health community. It has been particularly visible in communities of color. Media advocacy is defined as the strategic use of mass media to advance public policy initiatives. Media advocacy is rooted in community advocacy and has as its goal the promotion of healthy public policies. It can be differentiated from traditional mass media strategies in a number of ways. While traditional media approaches try to fill the "knowledge gap" media advocacy addresses the "power gap." Improvements in health status are believed to come about primarily from gaining more power over the policy environment rather than simply gaining more knowledge about health behaviors. For example, the way society thinks about smoking – in the long run – may be more important than getting relatively small numbers of people to quit smoking.

> Media advocacy shifts the focus from the personal to the social, from the individual to the political, from the behavior or practice to the policy or environment.

Don't underestimate the importance of using the media as a "messenger" to get your message out. Develop relationships with the media, make a list of the health reporters, and connect those individuals that can tell their story with the media. For the print media consider a strategy of editorials, op-ed pieces and letters to the editor. All of these options will build support for your issue with the media.

- Editorials are often unsigned opinion pieces on topics actually written by a group of the newspapers' journalists. If you have an urgent issue that you want the editorial board to write about, you can request a meeting with the editorial board. The meeting needs to be focused on an issue, and you bring expertise, experience and a perspective on the issue that they don't already understand.

- Op-eds are opinion columns, written by readers, that newspapers print opposite the editorial page. Editors search for op-eds that offer perspective about what is currently in the news. It helps an op-ed if it is written or co-written by someone that the community knows and respects.

- Letters to the editor can play a crucial role in an issue campaign. Several people writing letters can create an impression of widespread public support. They should be short, timely and add a personal element to the issue.

Steven Barrow, from the Sierra Health Foundation, recommends that about twenty percent of coalition activities be spent on communications. At some point or other, the

coalition will probably want to get its message out to the media, and other information channels of the community.

Learn to use controversy. Sometimes working with the media is not easy. Controversy about an issue (particularly fluoridation) provides for an exciting article. The coalition may have the wind taken out of their sails by an aggressive news reporter, but this often provides an opportunity for clarification and to continue a dialogue. Heidi Keller, the Director of the Office of Health Promotion, with the Washington State Department of Health offers this advice:

- Remember, negative people say quotable things.

- Long explanations full of scientific jargon may get into the story, but they usually get buried in the text.

- It's easy for one vocal person to manipulate the entire process.

- Successful advocates recognize the value of controversy and learn to use controversy as a springboard for sharing information.

- Editorial writers try to keep their finger on the pulse of the community.

Tips for working with editorial writers:

- Visit well in advance. Talk about value.

- If you have broad public support, talk about it. How do people feel about it? Do they understand the problem? What motivates them?

- Deliver your material one-week ahead. Include the names, titles, and contact information of issue leaders for all that will attend. Editorial writers want a chance to read and digest so they can ask intelligent questions.

- Leave time for questions (one hour). Fifteen to twenty minutes of prepared remarks.

- Establish yourself as a source, especially in an adversarial situation. When your opponent goes to the media, you want the media to come to you. A reporter can't call you if they don't know who you are.

- Get prepared. Develop a local fact sheet. List your key contacts. (It helps if your list reflects the diversity of the community.) Practice speaking and learn to summarize your main points in twenty seconds or less.

- Once you are prepared and organized, write to them, meet with them, and send them information.

- Be a good source. Keep your promises, be prompt, get back to them if you are uncertain of an answer.

<u>Oral health promotion</u>

In health promotion and public relations you usually want to target your message to a specific audience. Here are some guidelines that you may want to think about before you embark on a public relations campaign.

- Target your market audience.
- Develop a message that is precise and clear.
- Select messengers to deliver the developed message.
- Seek a variety of methods when announcing the message.
- Create materials that will inform message recipients.
- Create a fact sheet.
- Learn to use controversy.

Target your market audience. Identify the people you are working to reach so that you can develop messages that will have appeal to that group. Targeting an audience will limit the number of people you contact. By doing this, you reach the people you want to get your message more often, and you do not waste time and money taking your message to people you do not want to reach.

Example: Your data may tell you that the prevalence of Early Childhood Caries (Baby Bottle Tooth Decay) is much higher in a certain ethnicity in your community. You wouldn't need to buy advertising that reaches the masses.   Instead, culturally appropriate PSA/poster campaigns may be more appropriate. If your audience is teenagers, you will probably have more impact using a messenger who is a peer than someone who is a teacher or an adult. By targeting your audience you can be more effective in getting your message out.

Develop a message. Next you should develop a message. What do you want the individual to take away from the event or message? You have to create a message your audience understands. When creating a message, you need to think about your audience. The right message will motivate your target group.

> What is it you want your audience to come away with knowing or doing?

Example: For an audience of providers at WIC clinics, a catchy slogan could be very effective. The slogan: "Lift the lip," ask providers to take action. (However, if your audience is a potential member of a council deciding the vote on community water fluoridation, you need to convince him/her of the importance of fluoridation and s/he needs to vote for it.) You need to supply facts that convey the urgency and immediacy of the problem.

- Fluoridation is the least expensive and most effective way to reduce tooth decay.

- Fluoridation is safe.

- Fluoridation reduces the need for and cost of dental treatment.
- Fluoridation benefits children *and* adults.

Select messengers to deliver the message. Once you have developed a message, have a variety of people or mediums to deliver this message -- people that your audience will listen to. The messenger is important in order to reach different audiences.   For example, using celebrities from your community can help you raise the visibility of your issue. Parents, especially, *someone that has experienced the problem personally and can add life to the message,* make excellent messengers. Some coaching or samples of letters to the editor help individuals put together a testimony or written story. Social service agencies can often be helpful in finding good candidates that can tell personal stories.

Seek a variety of methods when announcing the message. The way you choose to deliver your message is extremely important. An article in the paper may not reach all parents, but will probably reach other audiences and potential partners like elected officials and community leaders. Other examples of methods you might use are: advertising, PSAs, letters, meetings, and putting the oral health prevention message in the Yellow Pages. You need to repeat the message over and over again. Think about where you get your information every day. Is it from the news, friends, your parents, your volunteer organization or when you are shopping for food? Talk to your target population and get ideas on where they get their information.

Create materials that will inform the message recipients. In order to motivate, educate, and inform, you need to have materials. Every time you try to convince someone to get involved, report on, or volunteer for an event, you need information. Make sure your material tells your story -- who, what, where, when and why. And persuade them to get involved.

Create a fact sheet. Develop a one or two-page fact sheet, which succinctly and visually conveys your message. Fact sheets are useful for the press and can be altered slightly for different audiences.

-- for parents
-- for potential partners, funders
-- for providers

Coalitions can have outreach activities such as newsletters, community events, press conferences, editorials and stories about their coalition, press releases to announce new data, and billboards, all of which support coalition goals and objectives.

Example: The Whidbey Island Dental Coalition in Washington State decided to provide preventive dental education to the whole community as their first coalition activity. They promoted dental health month, targeted public information points such as reader boards, libraries, church bulletins, newspaper articles, hospital newsletters, and telephone books. For a brand new coalition this campaign brought members together to work on a common goal, and gave them experience to build on.

Linking to targeted groups

If you followed the guidelines for forming an inclusive coalition presented in Steps 1 and 2, the following information can be a helpful reminder and review in maintaining an effective, representative coalition:

How to build effective multicultural coalitions[4]

Cultural differences can either enrich or impede coalition functioning. Creating multicultural coalitions challenge us to deal with differences and use them to strengthen our common work. Awareness of sensitive issues and dynamics can help you to detect potential obstacles and develop approaches to address them—either before problems arise, or after they occur.

Building effective multicultural coalitions involves:

- Articulating a vision
- Conducting strategic outreach and membership development
- Establishing a structure and operating procedures that reinforce equity
- Practicing new modes of communication
- Creating leadership opportunities for everyone
- Engaging in activities that are culturally sensitive or which directly fight oppression

The appendix includes information about the work in Washington State to include Hispanic groups in developing coalition work. 📄

Worksheet # 12 is a checklist you may wish to review with coalition members to ensure that what you are doing is making links to culturally diverse groups.

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[4] R. Rosenthal, G.Kaye and T. Wolff, *Coalition Building from the Ground Up*,"by AHEC/Community Partners, Amherst, MA, 1995.
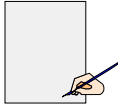
Worksheet # 12 Inclusivity Checklist (page 62)

Worksheet # 12

Inclusivity Checklist[5]

Instructions:
Use this Inclusivity Checklist to measure how prepared your coalition is for multicultural work, and to identify areas for improvement. Place a check mark in the box next to each statement that applies to your group. If you cannot put a check in the box, this may indicate an area for change.

❑ The leadership of our coalition is multiracial and multicultural.

❑ We make special effort to cultivate new leaders, particularly women and people of color.

❑ Our mission, operations and products reflect the contributions of diverse cultural and social groups.

❑ We are committed to fighting social oppression within the coalition and in our work with the community.

❑ Members of diverse cultural and social groups are full participants in all aspects of our coalition's work.

❑ Meetings are not dominated by speakers from any one group.

❑ All segments of our community are represented in decision making.

❑ There is sensitivity and awareness regarding different religious and cultural holiday, customs, recreational and food preferences.

❑ We communicate a clearly, and people of different cultures feel comfortable sharing their opinions and participating in meetings.

❑ We prohibit the use of stereotypes and prejudicial comments.

❑ Ethnic, racial and sexual slurs or jokes are not welcome.

Prevention of dental disease

Fluoride

It is a fact that the reduction in caries among children in the U.S. can be attributed to the availability of fluoride. Fluoride affects teeth either systemically or topically. Systemic fluorides include fluoridated water and fluoride supplements. Topical fluorides include fluoridated water, fluoride-containing toothpaste, fluoride rinses, varnish and fluoride treatments.

Fluoridation of Water Systems

Water fluoridation has been in use in the U.S. and worldwide for over fifty years. The Centers for Disease Control and Prevention have termed

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[5]R. Rosenthal, G.Kaye and T. Wolff, *Coalition Building from the Ground Up*, AHEC/Community Partners, Amherst, MA, 1995.

fluoridation "…one of the ten greatest achievements in public health in the last century." Studies confirm the safety and effectiveness of this measure.

There are many resources to help communities assess their readiness for a fluoridation campaign. Considerations include a thorough assessment of the fluoride status of wells and water systems. This may be more complex than you think. You will want to consult the following:

- Local and state health departments, environmental health offices, drinking water specialists

- Centers for Disease Control and Prevention - Tom Reeves, national fluoridation engineer (770) 488-6056

- The American Dental Association (www.ada.org)

- State and local dental societies

Fluoride Varnish

Fluoride varnish provides a mechanism to deliver a fluoride treatment to tooth surfaces. Studies in Europe have shown it effective in preventing caries. It can be used on very young children when the use of rinses and gels is prohibited because of the tendency to swallow instead of allowing solutions to sit around the teeth. Studies have been predominantly focused on children over age three. In the U.S., pilots are being implemented using fluoride varnish on children under age three. There is still some controversy about the use of this " Off Label" agent. The Federal Drug Administration (FDA) approves it only as a cavity liner and not as a preventive agent.

In Washington State, Medicaid covers fluoride varnish as a reimbursable dental service. The University of Washington in collaboration with Medicaid is piloting the use of varnishes applied by not only dental professionals but by medical personnel as part of health interventions.

Sealants

A sealant is a thin plastic coating that provides a physical barrier to the bacteria that cause decay. Almost ninety per cent of cavities occur on the chewing (occlusal) surfaces of teeth. Fluoride is less effective in these areas than on the smooth surfaces. Dental sealants are the most effective way to prevent pit and fissure cavities.

Low-income children are at high risk for dental decay. Many communities have initiated programs that promote the use of sealants by dental providers. Others provide sealants through school-based programs targeted to low-income schools. Low-income schools are identified by the percent of children eligible for the federal free and reduced lunch program.

Many states have public health sealant programs. (See Appendix 📄 for listing.) One resource for information on implementing a sealant program is the National Center for

Education in Maternal and Child Health (phone and web info). There are guidelines available at national and state levels as well as videos to assist you.

Access to dental services

Access to oral health care services, preventive and restorative, is a complex issue and one that deserves careful analysis and planning. An accurate assessment of all factors related to the cause of disparity in services comes first. The discussion on systems and assessment are offered to help with this task. Strategies aimed at increasing the availability of services to low income, high risk and geographically isolated people are being tried and tested throughout the nation. Some are offered here for your review:

Mobile dental services

Over the years, dental clinics on wheels of one form or another have been used to reach people who cannot get in to see a dental provider. The issues that need to be reviewed when considering this type of service may include:

- High cost of operation and maintenance
- Lack of continuity of care (need for referral systems)
- Impact on long term systems change

A mobile van can provide visible public relations as well as a treatment facility. Some are used for education and outreach. In Washington State, there are a number of mobile dental services available. The Washington Dental Service Foundation supports the Smile Mobile - a three operatory van that travels throughout the state on an annual schedule. Patients are scheduled by a local resource, often the local health department. Local dental society members agree to provide clinic services. Other non profit organizations operate programs that provide restorative and preventive services using portable dental equipment that is set up in an accessible sight such as a school, church or community center. All of these bill Medicaid for their services or offer sliding fee scales and other methods of payment.

Dental clinics

Often, a community needs a clinic to provide dental services for low-income families. Coalitions have collected data on oral health status and service delivery and completed feasibility studies. This kind of study requires that information be collected on the extent of need, resources necessary for start-up and on-going operations. It also includes liability issues, site suggestions, and a plan for recruiting and maintaining staff. Coalitions have used vacant sites or expanded existing dental clinics. Coalitions can be powerful advocates for grant applications for clinic development.

Recruiting and retaining dental providers

State health departments are the recipients of federal dollars intended to assist communities in finding and retaining primary health care providers including dentists. An area must complete a Health Professions Shortage Area study (HPSA). The local or state health department is familiar with this and should be able to assist with the process. Often loan repayment funds are available to graduating dentists as well.

Community dental access hotline numbers

A dental access hotline has worked very well in larger counties in Washington State. If there is an experienced agency, that also is operating a health care access hotline, there may be potential to expand their current functions to assist dental inquiries as well. In Snohomish County, the coalition has developed the "No Cavity Club" a dental access hotline. They expanded the effort by writing a grant that hired a dentist to call dentists in rural areas of the county to ask if they could accept a few more Medicaid eligible children in their practice. Enrolling dentists was successful, possibly due to dentist-to-dentist "peer" level communication.

Work with dental and dental hygiene schools

There are a number of dental projects that can be initiated and aided by partners at dental schools and dental hygiene schools. In Washington, we are fortunate to have the resources of the University of Washington School of Dentistry and the University of Washington School of Dental Hygiene, both of which have worked with coalitions and communities. They have provided dental screenings and other forms of preventative care such as fluoride varnish. Dental Hygiene schools, with the help of some state funding, have provided preventive services such as sealants, puppet shows, videos and dental education programs for school-aged children.

ABCD - Access to Baby and Child Dentistry

This is an innovative project that involves a partnership among academia, organized dentistry, government and public health. The Washington State Medicaid Program in partnership with the University of Washington, Washington State Dental Association and the Spokane Regional Health District are working together to increase access to care for children ages 0-6 in Spokane. Dentists are trained and certified by the University to provide preventive services for infants and young children. Medicaid reimburses for these services at an increased rate. The health district identifies and provides education to prospective clients. This model is in its fifth year of research and evaluation. It has increased the number of children age 0-4 receiving dental services in Spokane. Other coalitions are introducing the ABCD model to their communities. (More info in Appendix 📄.)

Prevention education partnerships

Prevention messages may be developed around issues including Early Childhood Caries (ECC and Baby Bottle Tooth Decay), dietary practices, oral hygiene practices, tobacco

use, injury prevention, use of dental services etc. *Bright Futures in Practice: Oral Health*, from the Maternal and Child Health Bureau, DHHS is a comprehensive approach to prevention. There are many approaches or strategies to consider when assessing the use of education methods. Consider the following:

- Research the methods that have been effective.

- Ask what will be the outcome of the methods used.

  - Is it public relations?
  - Is it a behavior change?
  - Is it an attitude change?

- Make a clear statement of intent/outcome for each method chosen and assess the potential for change.

Partner with schools

The Washington State Department of Health, in partnership with the Office of the Superintendent of Public Instruction, has developed a "Tooth Tutor" that includes educational material that is designed to be a classroom aid for grades K-5. The convenient tote is easy to carry from school to school, and in Washington it is very popular. Some coalitions have replicated these kits so that each school has one. Once funded these kind of kits are available to schools year after year and need only a little coalition follow-up to ensure schools keep using them.

Another coalition was called "Seal Pierce County Campaign." This is a once a year or more campaign where dentists and hygienists agree to provide free or reduced dental care or sealants to those who could not otherwise afford it is a strategy that can help. You can increase the impact of an event like this when you couple it with a public relations campaign that gets out your message about the problem and solutions.

Linkages with the Women, Infants and Children Program (WIC)

WIC is a major entry point for our target population and linkages with WIC are quite valuable. In Washington State, there is a good example of a WIC/Dental project. The Washington WIC Baby Bottle Tooth Decay Prevention Project is an example of this kind of intervention. The project includes "Stop BBTD" baby cups to urge weaning from the bottle, mouth mirrors for WIC personnel to conduct brief exams, dental education materials, and encourages referrals to a dentist. The materials developed for the project have been field tested with WIC clients and revised according to their comments. If you are in contact with someone from your local WIC office they can probably get you in touch with statewide projects and contacts to find out about partnerships or possibilities in your state.

In one county in Washington a public health nurse and a nurse in the WIC clinic teamed up with a local dentist to write a dental education manual for WIC (and other) nurses. The manual provides basic dental screening information so that high-risk children can be basically assessed and referred to a dentist. The manual also provides handouts that can be copied for parents that educate them on preventative dental care. The Washington

manual also came with a one-day training for nurses in the area. The training included a chance for nurses to look into mouths of actual children. This training was carried out in another county and reports were very positive. If carried out on a regular basis, the training has promise as a great intervention.

Strategies to educate parents of young children

In Washington, there have been a couple of counties that are preparing "packets" for parents that include oral health information, and items that parents are encouraged to use. Items such as a teddy bear to put your child to sleep with instead of a bottle, tippy cups, and child size toothbrushes are included in the packets. The packets are then given to target populations of young moms in places like the (WIC) program. The next step in a campaign like this is to find ways to institutionalize the funding so it is actually a community change of practice and not just a short-term intervention. Eventually gather enough information to evaluate this strategy's effectiveness.

One coalition distributed tote bags with information and baby tooth brushes, tippy cups, etc. that are given to new moms when they leave the hospital. This is a nice coalition activity for a coalition with the right size population to keep track of births. It involves a partnership with the local hospital and is small enough to be funded by service groups or other local community dollars.

When integrating oral health information with existing health education systems, additional potential partners may include:
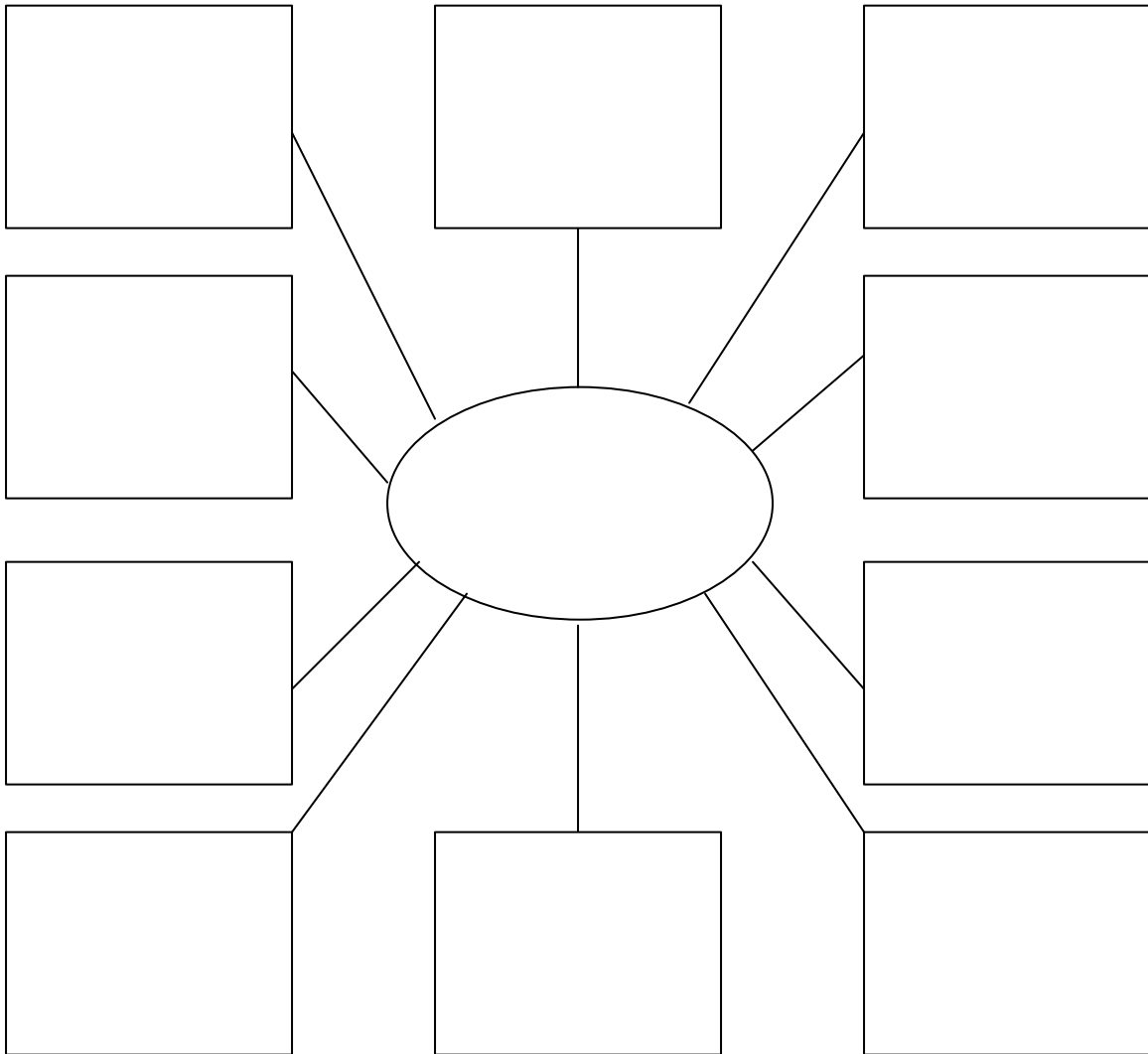
- The American Dental Association makes curricula available. Consult your local or state health department and toothpaste manufacturers for assistance.

- Dental and Dental Hygiene Societies - State and local dental organizations often support school related activities including curriculum and classroom education efforts.

- Local Community Organizations - The Soroptomist Club, United Way, PTA or PTO, Women's Club etc. are looking for ways to reach children in the community. They will often sponsor a ready-made visible project.

- Dental Insurance Companies - Delta Dental is a cooperating Company in Washington State.

- Washington Dental Service has a foundation that supports community-based activities in 4 target counties as well as a fluoridation web site. It also provides a mobile dental van that travels to communities to provide care.

- Tobacco Use Prevention related programs - Often, the addition of oral health related information on Spit Tobacco use and prevention and other input is welcomed by these organizations.
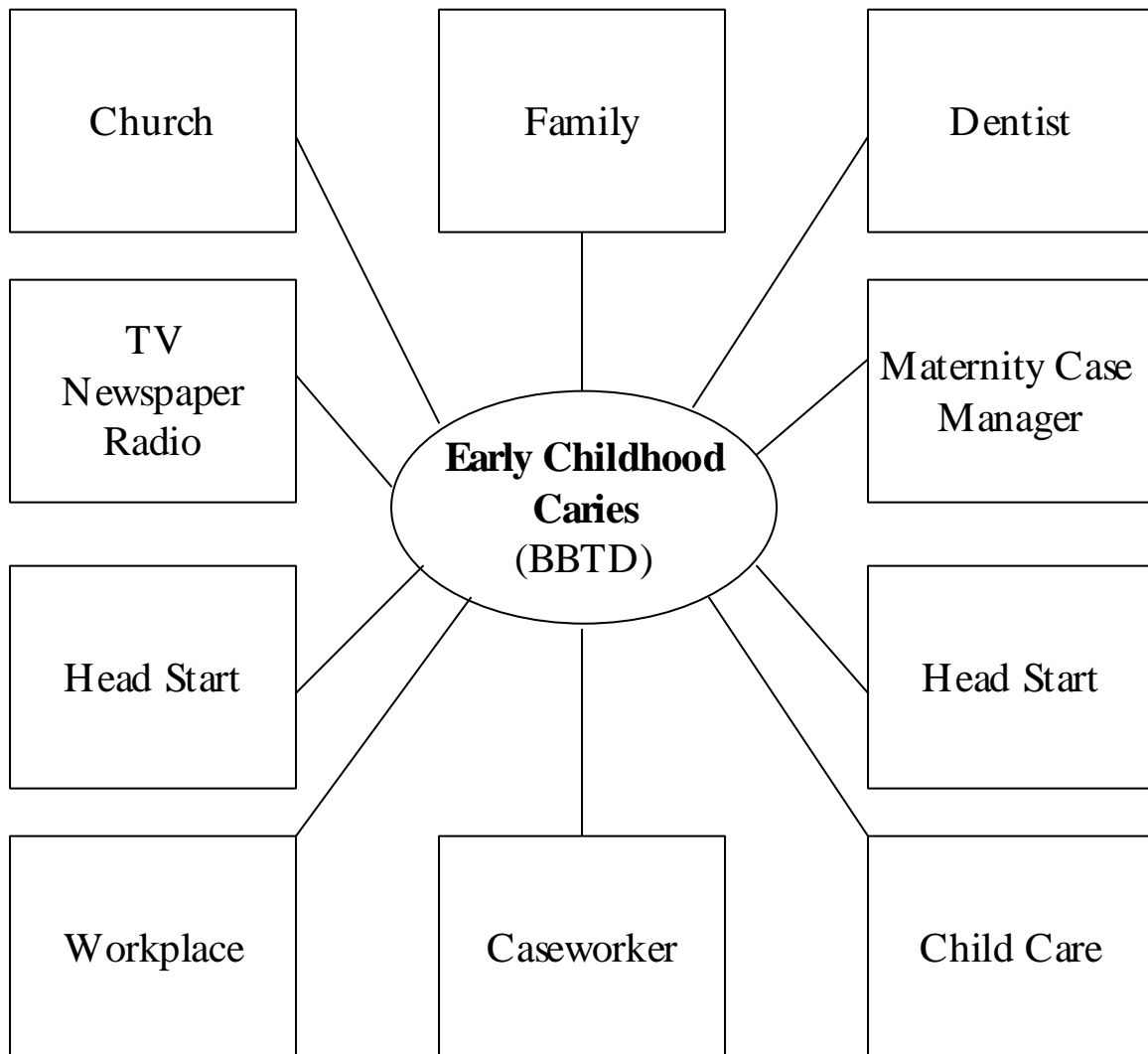
- Medicaid - Medicaid organizations can be good partners in providing information to clients to encourage prevention of disease and use of services.

Systems Analysis

Systems Analysis

Church	Family	Dentist

TV Newspaper Radio	**Early Childhood Caries** (BBTD)	Maternity Case Manager

Head Start		Head Start

Workplace	Caseworker	Child Care

Inclusivity Checklist[6]

Instructions:

Use this Inclusivity Checklist to measure how prepared your coalition is for multicultural work, and to identify areas for improvement. Place a check mark in the box next to each statement that applies to your group. If you cannot put a check in the box, this may indicate an area for change.

❑ The leadership of our coalition is multiracial and multicultural.

❑ We make special effort to cultivate new leaders, particularly women and people of color.

❑ Our mission, operations and products reflect the contributions of diverse cultural and social groups.

❑ We are committed to fighting social oppression within the coalition and in our work with the community.

❑ Members of diverse cultural and social groups are full participants in all aspects of our coalition's work.

❑ Meetings are not dominated by speakers from any one group.

❑ All segments of our community are represented in decision making.

❑ There is sensitivity and awareness regarding different religious and cultural holiday, customs, recreational and food preferences.

❑ We communicate a clearly, and people of different cultures feel comfortable sharing their opinions and participating in meetings.

❑ We prohibit the use of stereotypes and prejudicial comments.

❑ Ethnic, racial and sexual slurs or jokes are not welcome.

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[6]R. Rosenthal, G.Kaye and T. Wolff, *Coalition Building from the Ground Up*, AHEC/Community Partners, Amherst, MA, 1995.