ENGAGING GRASSROOTS: INTENTIONALLY BUILDING COMMUNITY POWER TO DRIVE ORAL HEALTH SYSTEMS CHANGE

DentaQuest Partnership
for Oral Health Advancement

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EXECUTIVE SUMMARY

Overview

The mission of the DentaQuest Partnership for Oral Health Advancement (formerly the DentaQuest Foundation and the DentaQuest Institute) is to revolutionize oral health to create an effective and equitable health system that results in improved oral health and well-being for everyone. We believe that the importance of good oral health to overall health is poorly understood, that access to dental care across populations is inequitable and inadequate, and that the system of dental care and payment is designed around surgically treating disease rather than preventing it. Furthermore, those who are underserved by the current oral health system are frequently the same communities that have been historically marginalized in other areas of health and wellness for decades, leading to a complex web of social determinants that produce poor health outcomes today.

Acknowledging that the current oral health system created and continues to perpetuate poor oral health for certain underserved communities, the DentaQuest Partnership embarked on a multi-year investment strategy with three goals: to demonstrate the central role community engagement must play in impactful social change, to elevate health equity as a core value, and to position oral health as a key social justice issue. Research suggests that such an effort has not been undertaken in oral health before. We set out to learn how purposefully engaging community-based partners — ones that have little or no experience in oral health but represent communities most marginalized by the current system — will fundamentally shift and enhance the national conversation around oral health systems change. Further, we have shown that oral health is not a standalone issue, but one that should be an integral component of any efforts to address disparities in health outcomes across racial, socioeconomic, and demographic lines.

Every system is perfectly designed to get the results it gets. The DentaQuest Partnership is working to help redesign the U.S. oral health system with new results in mind. Instead of drill-fill-bill, we believe oral health care should provide value and quality to everyone. In our vision of success:

- populations have better oral health and less disease through greater access to quality care and prevention;
- to be more person-centric and less provider-centric, dental and non-dental providers and patients work together to effectively prevent and manage oral disease;
- reimbursement (public and private) is based on improved health outcomes rather than rewarding and paying for procedures;
- all communities and their members have the resources and tools to actively engage in efforts to manage and advocate for improved oral and overall health;
- oral health treatment and prevention initiatives are fully integrated with overall health at the clinical, program and policy levels and include consideration of social and economic determinants of health; and
- policymakers have a clear vision of an optimal health system that includes oral health and have sound data and best practices to make policy, program and funding decisions.

To achieve new outcomes, it is essential to engage new partners in the work — specifically those from communities most negatively affected by the current system. We believe that for the broader oral health movement to be successful, state and national leaders must not only make space for community voices at the table, but also be guided by the experiences, stories and input of people most affected by changes to health care policy, coverage, financing, and the availability of community resources. For this reason we have invested in partners in communities across the United States, collaborating with them to raise the awareness of opportunities to improve oral health in their local environment connecting them with relevant stakeholders, and strengthening their capacity to advocate for changes that will lead to more equitable value- and quality-based models of care and prevention.

The cornerstone of this effort is the Grassroots Engagement Strategy, an innovative initiative that aims to shift the conversation and traditional power dynamics that have persisted in the oral health system. Following the model of other social change movements, we have prioritized building communities' capacities to shift the public perception of the value of oral health and, by doing so, to strengthen their capacity to engage in advocacy and policy change efforts over time. Some of the key components of capacity building included: understanding the oral health system as it is, understanding and working effectively within statewide partnerships, community organizing, and understanding advocacy/policy change. This resulted in newly informed communities — representative of populations that have a disproportionate stake in seeing the broken oral health system evolve — actively participating as change agents and leaders.

Grassroots Lead Organizations

Arizona: Children's Action Alliance, Native American Connections, Asian Pacific Community in Action

California: Visión y Compromiso, Latino Coalition for a Healthy California, Strategic Concepts in Organizing and Policy Education – Los Angeles, Asian Americans Advancing Justice – Los Angeles, Central Valley Health Policy Institute, California Pan-Ethnic Health Network

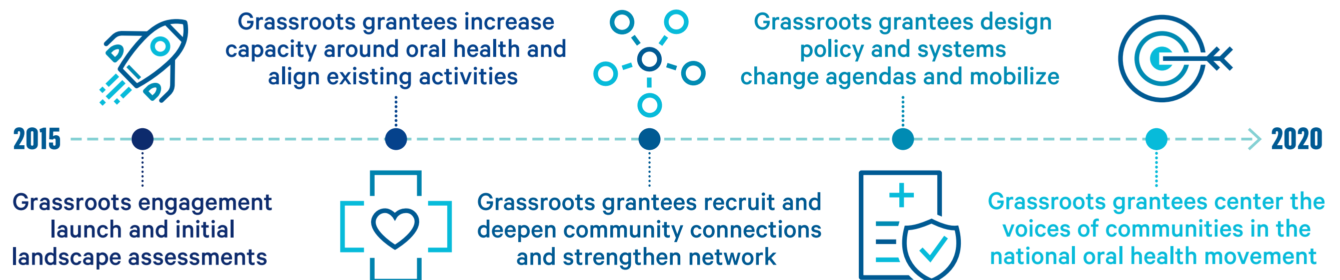
Florida: Catalyst Miami, The Tampa Bay Healthcare Collaborative

Michigan: HealthNet of West Michigan, United Health Organization

Pennsylvania: ACHIEVA, Berks County Community Foundation, Put People First! Pennsylvania

Virginia: LENOWISCO Planning District, Virginia Commonwealth University, Smart Beginnings Virginia Peninsula, United Way of Roanoke Valley

GRASSROOTS ENGAGEMENT TIMELINE



Some examples of strategies and tactics used to enhance existing community capacity follow:

- Providing direct and collective technical support from project advisors
- Convening organizations, organizing and network weaving
- Designing issue-specific learning communities and developing local oral health leaders and leadership capacity
- Creating opportunities to collaborate across the community and state through strategic alliances
- Raising awareness of oral health as a social justice issue among residents, policy makers, professionals and other key stakeholders

Fundamental to the success of this strategy is engaging individuals and their trusted advocates as essential stakeholders in, and key contributors to, the health care system. Along with partners in the Oral Health Progress and Equity Network (OPEN), formerly the Oral Health 2020 Network, we worked to ensure that the voices of those who have not been part of the change process historically are present in the conversation in meaningful ways. Their role in shaping systems-level solutions that affect oral health is core to the work. This work opens opportunities for communities to build and lead in the oral health movement that includes statewide and nationwide partners.

A core component to the realization of significant systems and public policy change is to create new social norms around oral health by engaging those most negatively affected. As such, the Grassroots Engagement Strategy has become central to the broader oral health movement in the United States and an integral part of the DentaQuest Partnership's effort to create a more just oral health system.

Return on Investment

The DentaQuest Partnership developed this strategy with the intent to change the long-standing conversation on oral health inequities by redistributing power and resources to the communities that suffer the most from oral health and overall health outcome disparities. Historically within oral health, the conversation around improving oral health outcomes largely has been driven by providers and payers, while the community or consumer voice has been missing. This biased approached has resulted in a system that benefits some and leaves others behind.

Because the DentaQuest Partnership's Grassroots Engagement Strategy has focused on building power and creating space for a new set of stakeholders, much of its impact can be seen in the shifting discourse around oral health, from a focus on "personal responsibility" to how the current oral health care system is not designed to promote equitable outcomes. Five years ago, efforts to address long-standing health disparities responded to the need to transform our health care delivery system. Today, while those efforts continue to be critical, there is a broader vision for what oral health — as a part of overall health — means and how outcome disparities can be addressed. For example, increasing Medicaid reimbursement rates for oral health services continues to be an important component of the work but is now just one lever in a multi-faceted strategy that also looks at telehealth, community-driven workforce solutions, and deeper commitments to addressing the social determinants of health as other ways to expand access to care. This shift was a direct result of bringing previously absent perspectives and leadership from consumers and their communities to the movement.

In addition to the evolving dialogue about how to fix the current oral health system, other significant outcomes demonstrate the importance of having strong community and consumer voice within oral health.

- **Legislative gains** have been made: In Arizona, grassroots organizations and their partners successfully engaged in efforts that resulted in the reauthorization of the state's Children's Health Insurance Program, as well as efforts to establish a new mid-level dental practitioner in the state.

- **Deeper and more sustainable infrastructure** has been built: In Virginia, Pennsylvania and Michigan, existing state oral health coalitions have seen their capacity to engage in authentic community advocacy expanded by the activation of grassroots organizations, in some cases reshaping their policy agenda informed by these voices.
- In many ways, local and state policy change efforts are now operating with a **greater sense of accountability** for how they address the needs of marginalized communities. In all six of the Grassroots Engagement Initiative states, the grassroots organizations are serving as critical checks and balances for legislative decisions and public program design.

When the initiative started, the DentaQuest Partnership was committed to learning and shifting our approach based on input from our partner organizations; however, given the unprecedented nature of this strategy in oral health, the tangible results we could expect were unclear. Now, five years in, it is clear the Grassroots Engagement Initiative has had a significant return on investment that will continue to create impact for years to come.

Lessons Learned

As we reflect on the past five years of the Grassroots Engagement Initiative, several lessons arise from both the missteps and the wins. Successfully implementing a community engagement strategy requires as much thought and intention in preparation and planning as it does flexibility and adaptation throughout. Key lessons learned follow:

1. DEVELOP A THOUGHTFUL ORGANIZATION SELECTION PROCESS

In launching a grassroots engagement strategy, a funder should develop a clear and thoughtful process for selecting the organizations that will participate. While there will be an ongoing need to evolve, ensuring a core commitment to the communities they serve and to engaging an equity lens are essential.

2. DON'T SKIP THE PREP

The decision to engage non-oral health organizations is part of the effort to ignite old conversations in new ways, with new ways of thinking. Critical to this effort was investing in the capacity of these partners to learn and operate in a space that was new to them.

3. SUPPORT CONSTANT AND AUTHENTIC COLLABORATION

Fostering relationships and communication, especially when bringing together a cohort of organizations from different sectors or geographies, allows for creativity and growth. This is true within both the funder-to-grantee relationship and the grantee-to-grantee relationship.

4. BUILD CAPACITY AND ALLOW SPACE FOR LEADERSHIP

Even with a well-thought-out selection process, investing in grassroots organization capacity building contributes to long-term sustainability of the organizations themselves, as well as the work.

5. EMBRACE LEARNING, DISCOMFORT AND PUSHBACK

As a funder, investing in the leadership of your partners often comes with a degree of discomfort and cognitive dissonance as new perspectives are woven into the conversation. We should see challenges to our beliefs as a sign of commitment and an opportunity to develop deeper relationships.

6. EVALUATION IS CRITICAL

From the very beginning, design an outcomes-based evaluation framework that fits the community organizations being engaged and the expected results. Measurement can be as much qualitative as quantitative, and milestones should be constantly and consistently communicated to support the trajectory of the work.

MAKING THE CASE FOR A NEW APPROACH

Despite improvements in the oral health of the general population, significant disparities continue to persist among individuals with a lower socioeconomic status, among minority racial and ethnic groups, across geographic classifications and within special populations whose oral health needs and access to care may vary from that of the general population. Collectively, these groups experience a disproportionate burden of oral health disease due to inadequate access to care, systemic discrimination and a lack of specialized services that address their particular health needs. Addressing disparities in oral health has become a national priority, set forth by the Surgeon General, the Institute of Medicine and the U.S. Department of Health and Human Services in the Nation's Healthy People 2020 goals.[1]

Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people." Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities and historical and contemporary injustices, and the elimination of health and health care disparities.[2] Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.[1] Despite major improvements in oral health for the population as a whole, oral health inequities are profound in the United States.[1]

Connected to the issue of poor oral health is the impact of individual lifestyle behaviors. For example, tobacco use, the frequency of alcohol use and dietary choices continue to correlate with high chronic disease rates in the United States.[3] However, there is a growing body of evidence elevating the structural and environmental factors — the social determinants of health — that restrict access and influence the opportunities that people have to make healthy decisions. Additionally, the economic factors that often relate to poor oral health include access to health services and an individual's ability to get and maintain dental insurance, confounded by the sector's historically high out-of-pocket costs.[4]

The Model

In social science research, it has been repeatedly demonstrated that a diverse collection of independent organizations are likely to make a greater impact through collective cognition, coordination and cooperation than working individually.[5] Networks for social change can help, building new capacity for making progress on complex problems and achieving significant measurable results.[6] The DentaQuest Partnership realized that no single organization, however innovative or powerful, could accomplish systems-level change of this scale alone. This perspective has driven our network-based approach to social change, resulting in more than 1,700 organizations and individuals united across a set of aligned goals and activities in order to improve the broken U.S. oral health system.

Successful collective impact examples include the Elizabeth River Project (cleaning up the Elizabeth River), Shape Up Somerville (reduce/prevent childhood obesity), Mars' cocoa farmer's life improvement project, and many others.[7] These varied examples all have a common theme: that large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations.

Quantifiable evidence of the effectiveness of this approach is still limited, but these examples illustrate how substantially greater progress may be made in alleviating oral health equity issues if organizations are brought together around a common agenda to create collective impact.

Research shows that successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication and a backbone support organization.[7] The DentaQuest

Partnership, with its staff and internal capacity to manage collective impact activities, has served as the backbone support organization for a growing oral health movement. In this role, the DentaQuest Partnership also helps plan, manage and support grantees and partners through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly.

Creating a successful collective impact initiative requires a significant financial investment, time commitment from participating organizations, the development and monitoring of shared measurement systems, and the staff of the backbone organization needed to support the initiative's ongoing work. Funding a collective impact project means a fundamental change in how funders see their role, from funding organizations and programs to investing in a long-term process of social change.

Also critical to this approach is the notion that all voices need to be represented for a collective impact approach to be meaningful and sustainable over time.[8] Prior to 2015, the DentaQuest Partnership (as the DentaQuest Foundation) realized the gap of community-based perspectives missing from its work towards oral health equity. Those traditionally involved in oral health were engaged, but to address the inadequacies of the oral health system as it currently exists, the community voice is essential. As such, the grantmaking arm of the DentaQuest Partnership embarked on an intentional effort to lift up the voices of those most affected by disparities in oral health through the Grassroots Engagement Strategy.

METHODOLOGY

Assessing the Landscape

The Grassroots Engagement Strategy is a multi-year strategy working toward community-driven systems change by 2020. To identify community-based organizations to participate in this work, the DentaQuest Partnership reached out to "grassmiddle," or statewide, partners in six selected states. They were asked to identify potential grassroots organizations, which the DentaQuest Partnership staff and consultants then screened via phone and invited to apply for funding.

During these interactions, staff and consultants tried to ascertain whether the organizations held deep ties to historically underserved populations, expressed a dedication to social change and health equity, had experience with or interest in advocacy either at the local or state level, and had a willingness to expand their current scope of work. Familiarity with oral health was not required — that would come over time.

Based on this assessment, as well as state-wide data analysis, strength of existing partnerships, and limited resources, in 2015, the DentaQuest Partnership selected 20 community-based organizations called Grassroots Lead Organizations in six states to implement the Grassroots Engagement Strategy: Arizona, California, Florida, Michigan, Pennsylvania, and Virginia.[9]

In **Year 1** (April 2015 – March 2016) of the Grassroots Engagement Strategy, each grantee began to develop a local collaborative process to reach out to and more deeply engage with community stakeholders to learn about oral health disparities, needs and outcomes in their local environments, as well as how this issue intersects with other social determinants of health.

To this end, grantees led planning meetings, leveraged existing relationships and built new relationships with local community organizations, oral health experts and county health departments. They tapped into existing local partnerships and developed new ones, including with universities, community-based organizations, medical and dental providers, and local and state public health departments.

Grassroots Lead Organizations

Arizona: Children's Action Alliance, Native American Connections, Asian Pacific Community in Action

California: Visión y Compromiso, Latino Coalition for a Healthy California, Strategic Concepts in Organizing and Policy Education – Los Angeles, Asian Americans Advancing Justice – Los Angeles, Central Valley Health Policy Institute, California Pan-Ethnic Health Network

Florida: Catalyst Miami, The Tampa Bay Healthcare Collaborative

Michigan: HealthNet of West Michigan, United Health Organization

Pennsylvania: ACHIEVA, Berks County Community Foundation, Put People First! Pennsylvania

Virginia: LENOWISCO Planning District, Virginia Commonwealth University, Smart Beginnings Virginia Peninsula, United Way of Roanoke Valley

Grassroots grantees gathered information to assess the local oral health landscape in a variety of ways including surveys, focus groups, key informant interviews, listening sessions, meetings and professional development sessions, summits and workshops and secondary data analysis and document review. The data collection efforts allowed a wide range of community stakeholder voices to inform the assessments, including community-based organizations, advocates, *promotoras*, community members and medical and dental professionals.[9] Grantees developed tailored data collection plans that fit their capacity, questions of interest and access to respondents. While grantees created their own questions for their stakeholders, all assessments included information related to at least one of the following topics: healthcare access and priorities, oral health access and priorities, community values regarding health equity and social justice, past organizing efforts and other priority issues. Based on their ability and capacity, some grantees also analyzed and reported statistics from existing sources, such as hospital and other clinical records, schools and community health needs assessments.[9] The assessments show that major systemic barriers to attaining good oral health exist in all of the grantees' states.[9]

At the end of Year 1, grantees shared their oral health landscape assessments with their communities. Together with partners, they examined the gaps and opportunities that had been identified, approached findings through a social justice lens and affirmed the importance of taking action to eliminate disparities.

During **Year 2** (April 2016–March 2017), grantees had two key tasks that built on information from Year 1 landscape assessments and the strong community partnerships they developed:

1. Further strengthen local and state partnerships and engage, empower and equip community stakeholders to change public perception of the value of oral health.
2. Identify community-driven health priorities to develop an Oral Health Priorities Plan with specific strategies to improve oral health in their communities, including programs, advocacy, outreach and network building.

In **Years 3–4** (April 2017–March 2019), the grassroots organizations pursued implementation of the strategic plans developed together with community partners and other state stakeholders. Support and technical assistance was provided to the grassroots organizations to strengthen their advocacy and policy change capabilities, given that much of this work was relatively new, especially in the oral health arena.

Year 5 (April 2019–March 2020) is primarily focused on developing ongoing support and partnerships to promote sustainability of the work. This effort is expected to include evaluation, weaving oral health further into the fabric of their organizational missions and continuing to push for policy and systems change in their communities and states.

Throughout the initiative, grantees met periodically with DentaQuest Partnership program staff, as well as specialized consultants as needed to address and support particular needs and opportunities as they arose. Grantees also submitted interim and annual reports to the DentaQuest Partnership to track progress and adjust workplans as the initiative grew and evolved. Additionally, the DentaQuest Partnership provided resources for grantees to:

- host state-based meetings to bring together the grassroots organizations and their community and state partners to deepen the level of alignment;
- convene annually with the full grassroots cohort to share learnings, strengthen relationships and build capacity across an array of skills;
- attend OPEN's regional and national convenings twice a year, where networking, information sharing, training and other skill development activities occurred; and
- engage in OPEN through ongoing virtual learning opportunities; network committees and working groups; the social networking platform, Socious; topic-specific learning communities; and other ways.

RESULTS AND ACHIEVEMENTS: STATE-BY-STATE

Arizona

Demographically, Arizona is about 5 percent Native American, 5 percent African American, 3 percent Asian American, and 31 percent Latinx.[12] In 2015 as the then-DentaQuest Foundation was surveying states to launch the Grassroots Engagement Strategy, Arizona was an Affordable Care Act (ACA) expansion state with Medicaid dental service utilization rate of 39 percent.[10,11] Data identified that the state had less than national average rates for government and private dental insurance coverage, less than national average participation in prevention programs and less than the national average number of dentists.[13] Unsurprisingly, lower-income individuals have poor oral health status compared to high-income individuals.[13] Additionally, at the inception of the Grassroots Engagement Strategy, the state did not have a funded Children's Health Insurance Program (CHIP). Thus, the documented health disparities and insurance coverage gaps were an opportunity for collective efforts to achieve health equity.

The three Grassroots Lead Organizations in Arizona have come together to reshape the state oral health coalition, shift the public perception of oral health and elevate the voice of the community to drive local and statewide oral health policy.

- **Children's Action Alliance**, as the state's leading children's policy advocacy organization, built components of oral health into their annual legislative policy agenda and policy campaign work. Having expertise in the policy arena, they were able to monitor policy movement and supply context in regard to educating lawmakers on the current state of oral health in Arizona.

- **Native American Connections**, an organization that traditionally provides housing and behavioral health services for urban Native American populations in Arizona, integrated an oral health agenda into their portfolio as they elevated the voices of Native American communities in oral health policy conversations.

- **Asian Pacific Community in Action**, with expertise in community organizing, worked within their existing network and partners to assess how oral health could be woven into their approach. They provided mini-grants and training to strengthen their partners' capacity to understand and engage around oral health equity and served as a catalyst for more effective communication and action.

The Arizona Grassroots Lead Organizations have exemplified the progress that is possible when the voices of communities that are most affected by systemic inequities are involved in the broader oral health conversation. The three participating organizations in Arizona, working together with other stakeholders, directly contributed to a process whereby the state oral health coalition now includes more community participation in shaping the future work of the coalition with an emphasis on achieving health equity.

These three organizations historically have worked with diverse populations including Asian American, African American, Native American, and Latinx communities across the state, but predominantly in the Phoenix area. The grantees characterize themselves as conveners, community advocates and service providers, and research and policy advocates. These organizations had

no prior experience in oral health, yet they brought to the table an existing expertise in systems change, community organizing and civic engagement.

When this work began, the Arizona Grassroots Lead Organizations noted that "one of the initial learnings was the affirmation that communities who have little to no access to oral health care do see it as a priority; however, due to structural barriers and competing social determinants of health, care is too often financially, culturally, and geographically inaccessible."[9]

Similarly, there was little to no presence of community stakeholders in policy decisions. These three organizations came to the table with deep community connections, strong capacities around advocacy, and historical engagement in other forms of policy. By pairing these areas of expertise with a deeper understanding of the oral health landscape, the oral health system is shifting in Arizona. Moreover, the community voice is being woven into health policy in a way that is going to have an impact far down the line.

Just as the Grassroots Lead Organizations began to assess the oral health landscape across Arizona, the statewide oral health coalition was newly forming. Building collaboration among partners across the state representing providers, health systems and the grassroots partners did not happen without tension or discomfort. Over time, and through external facilitative support as well as technical assistance provided by Community Catalyst*, the grassroots partners began to weave into the work of the statewide oral health coalition and, in 2019, were represented in the coalition leadership. Similarly, the priorities that were elevated from the communities they represent were directly informing the strategy and agenda of the coalition.

In 2016, at a point when Arizona was the only state without a CHIP benefit, the Arizona Oral Health Coalition, with leadership from Children's Action Alliance and support by other grassroots partners, was engaged in advocacy and support for the restoration of the CHIP, which ultimately passed in that legislative session.[20]

Furthermore, while the passage of legislation creating dental therapists as a new mid-level provider in 2018 was not solely supported by the Grassroots Lead Organizations, their advocacy was significant in the policy's passing. This was a major policy win in the oral health space that designed a new oral health provider role focused on providing treatment and prevention services to communities with little or no access, including tribal communities.

> These organizations had no prior experience in oral health, yet they brought to the table an existing expertise in systems change, community organizing and civic engagement.

The Grassroots Lead Organizations were active members of the Dental Therapy for Arizona coalition. They attended weekly meetings with policy consultants working on the campaign, provided training presentations to other community-based organizations to inform them about dental therapy as a model and about HB 2355 specifically, and conducted train-the-trainer presentations to facilitate public education about the importance of oral health and how dental therapy would make a difference in Arizona communities. While the passage of the policy itself was remarkable — and demonstrates how community and grassroots power can be harnessed for policy change — the degree to which the ongoing strategy for implementation of dental therapy is being informed by a grassroots community voice is going to have a lasting impact on how care is accessed across the state.

Collectively, the accomplishments of the Grassroots Lead Organizations in Arizona have demonstrated the impact that occurs when the voices of communities become central to conversations where they have been absent. It also shows the importance of meaningful collaboration and power-building amongst and between partners at the community level. Over the past five years, there have been major challenges as well as major wins. Most importantly, there is now the capacity and spark to push even further in creating oral health equity through community-centered solutions.

* Community Catalyst is a national consumer health advocacy organization that provides partners with training and technical assistance support for advocacy and policy change.

California

In 2015, California was an ACA expansion state with a Medicaid dental service utilization rate of 30 percent and with a predominantly white (38 percent), Latinx (39 percent) and Asian American population (13 percent), followed by African American (6 percent), multiracial (2 percent), and other races (< 1 percent).[10–12] As we know, the use of hospital emergency rooms for preventable dental conditions is an indicator of a lack of access to care, and in 2012, emergency departments in California had approximately 113,000 visits for preventable dental conditions.[14] Eliminating Medicaid adult dental benefits in California shifted dental care to costly emergency room visits that do not provide definitive dental care.[15] Furthermore, the racial and ethnic diversity of the oral health workforce is not congruent with that of the population, possibly affecting access to services and culturally appropriate delivery of dental care in California.

The six Grassroots Lead Organizations in California have come together in highly collaborative ways to shift the public perception of oral health, elevate the voice of consumers and provide expertise on the intersection between oral health and other key factors such as immigration and food justice. Collectively, they have worked to center the voice of communities of color, immigrant communities and other key stakeholders in playing a role in the evolution of the California oral health narrative. Their work will be shaping policy and infrastructure, with an equity lens, for the foreseeable future.

Visión y Compromiso™

- **Visión y Compromiso**, as a national and statewide organization supporting the work of *promotoras* (community health workers), has worked to integrate oral health competencies into the training and work of *promotoras*, bolstering this critical component of the healthcare workforce.

- **The Latino Coalition for a Healthy California**, as a policy and communications organization, engages in advocacy work to address the social determinants of oral health, hosts and trains cohorts of health justice fellows, and supports the other grassroots organizations in their ongoing message development.

- **Strategic Concepts in Organizing and Policy Education – Los Angeles**, as an organization rooted in the Los Angeles community, has worked on developing a new model for a community-based workforce in oral health while also engaging locally in policies around safe and clean drinking water.

- **Asian Americans Advancing Justice – Los Angeles**, working with a broad range of Asian American, Native Hawaiian and Pacific Islander communities, has supported a deeper level of engagement and intersectional approach to the connection between immigration policy and access to oral health care.

- **Central Valley Health Policy Institute**, as a key research and academic partner, has developed curricula and communications to support the increased capacity of the expanding oral health workforce in the state while also looking specifically at the perception of dentists in California on the state of oral health.

- **California Pan-Ethnic Health Network**, operating within community settings while also serving as a backbone for the California Oral Health Network, has folded oral health into their existing health network structure, provides mini-grant support to community partners, and is creating alignment between grassroots and grass-middle organizations to continue to shift the narrative of oral health in the state.

The California health policy environment is favorable to health equity initiatives and, as such, has developed innovative policy and systems-level interventions in recent years. Despite notable progress in the state, major disparities exist along lines of wealth, race, ethnicity and immigration status. Because of this, the Grassroots Engagement Strategy in California has worked to support and strengthen community organizations that have deep ties to immigrant communities and communities of color that are directly experiencing the failing aspects of the oral health system. In doing so, the Grassroots Lead Organizations have redefined oral health as a social justice issue in a way that has influenced the oral health narrative locally, statewide and at a national level.

The six Grassroots Lead Organizations in California work with a broad range of communities of color, including Asian Americans, Pacific Islander, Native Hawaiian, Hispanic and immigrant communities in several areas of the state. Key learnings from the initial analysis were that "many community members of color report culturally and linguistically disrespectful care from dental care practitioners."[9] Consistent with other feedback across the country, "South LA residents are informed about oral health being important to their overall health, but the financial barriers to accessing care keep them away."[9]

Together, these organizations have come together in highly collaborative ways to shift the public perception of oral health, elevate the voice of immigrant communities and communities of color, and provide expertise on the intersection between oral health and other areas that affect livelihoods. One result of integrating directly affected communities into the oral health space is that several community-driven workforce solutions are being discussed as a strategy to more equitably address the access gaps. Grassroots organizations that had no prior involvement in oral health are moving into positions of statewide leadership, in a highly informed and supported way, surrounding the potential institution of a new mid-level provider, a dental therapist. Similarly, in weaving oral health into the work of *promotoras* and community health workers, there has been additional support for structurally integrating the *promotoras* into the oral health workforce.

> "We work to highlight that communities, like Asian American, Native Hawaiian and Pacific Islanders, are not a monolithic community, but one that is rich in diversity, culture, language and needs that are not always recognized by the health system."
>
> — Asian Americans Advancing Justice – Los Angeles

As a result of this new community-centered capacity, when the California state dental director began the process of applying for an 1115 Medicaid Waiver and ultimately implementing the Dental Transformation Initiative (DTI), there was a collective group of grassroots partners poised to bring their expertise to the table. The DTI is a five-year project that is investing more than $6 billion total in transforming the oral health system through increasing utilization of preventive services for children, designing caries risk assessment and disease management practices, increasing continuity of care and establishing local dental pilot projects. The grassroots partners are directly or indirectly woven into several of these efforts around the state. As a result, many of the Grassroots Lead Organizations carry strong relationships with the California dental director and serve on statewide advisory committees. The DTI also allowed for the reinstatement of the adult dental benefit in California's Medicaid program, the implementation of which has been a primary goal for many of the Grassroots Lead Organizations.

One unique result of the Grassroots Engagement Strategy in California is that, in working to rebuild the state's oral health coalition, one of the Grassroots Lead Organizations positioned itself to provide core backbone support. In 2017, through a co-funding opportunity between the DentaQuest Partnership and the California Wellness Foundation, the California Pan-Ethnic Health Network began housing and redesigning the California Oral Health Network.[21] Unlike other states where traditionally oral health coalitions are formed and then seek out strategies to engage community partners, in California we have seen what happens when a grassroots organization sits at the center. As a result, in 2019, a California Oral Health Policy Agenda was unveiled that is informed predominantly by the California Grassroots Lead Organizations and has a broad range of policy priorities that directly impact the most vulnerable communities in the state, with a health equity and racial justice lens woven throughout.

The capacity that the California Grassroots Lead Organizations have to bring a new and intersectional strategy to oral health was demonstrated in 2018 when several of the groups elevated issues happening at the national level in relation to immigration policy. Proposed rule changes to the "public charge" program were having a chilling effect in many of the immigrant communities in which these organizations work, adversely affecting and impeding access to health and other programs.[22] Together, they helped bring a critical voice to OPEN, building an intersectional bridge between oral health and immigration policy, and providing the resources for people to engage in the conversation.

Through their expertise in applying racial justice and a health equity lens to community issues, the California Grassroot Lead Organizations have created space for the oral health dialogue to become far more intentional. Through their community-based strategies and advocacy capacity, the national movement has become more versatile and effective. Their individual and collective work is bringing a new dynamic approach to how oral health equity is achieved in local communities, within states and nationally.

Florida

In 2015, Florida had one of the lowest Medicaid dental service utilization rates of 21 percent.[11] Its population — 17 percent African American, 24 percent Latinx, and 59 percent white — faced significant racial disparities in access to care.[10–12] Most oral disease is preventable, but disparities in the prevalence of dental disease exist for specific populations in Florida. Survey data from the Behavioral Risk Factor Surveillance System (BRFSS) reveals disparities in the utilization of dental services, with 66 percent of non-Hispanic white adults having a dental visit in the past year compared to 56 percent of Hispanic and non-Hispanic black adults.[16] Lack of access to preventive dental services, such as screenings, dental sealants and water fluoridation, as well as barriers to dental care, create inequities for children and older adults who carry the burden of oral disease in the state. Medicaid reports reveal that only 26 percent of Medicaid-eligible recipients under the age of 21 received dental services in 2014, further substantiating socioeconomic disparities for children accessing dental services.[16] Additionally, in 2016, the Florida Agency for Health Care Administration (Medicaid) settled a lawsuit with the Florida Chapter of the American Academy of Pediatrics that resulted in program changes including a mandatory increase of payment rates for pediatricians and other providers who meet targets for patient access and outcomes. Florida's grassroots organizations were selected with these factors in mind.

The two Grassroots Lead Organizations in Florida have worked collaboratively and independently within their respective communities to identify new and meaningful ways to capture and elevate the voice of community members at the state level. Through their commitment to community voice, they have shifted the state oral health policy agenda in a way that directly aligns with the needs of the communities they serve.

- **Catalyst Miami**, a Southern Florida social justice organization working to strengthen low-income communities, has woven oral health into their portfolio of community development and policy advocacy through their community organizing and youth engagement work which has focused on Medicaid expansion and increasing dental access.

- **The Tampa Bay Healthcare Collaborative**, a Northern Florida health network, has focused in a low access area of the state and worked to develop new and comprehensive health care access points while also engaging policy work related to Medicaid expansion and Medicaid Retroactive Eligibility.

In Florida, creating systemic change in oral health has been exceptionally challenging. While there have been key players in the oral health space, there hasn't been an aligned, collaborative effort across community-based and statewide organizations. As an example of the challenging political landscape, the Florida Agency for Health Care Administration (Medicaid) settled a lawsuit in 2016 that resulted in major shifts in how the Medicaid program was being implemented.

The Grassroots Lead Organizations in Florida, known for their ability to bring a community presence to statewide policy tables, have been able to leverage their community connections in a way that has begun building alignment among the state organizations, state partners and other community organizations. Additionally, Florida Voices for Health, a statewide policy advocacy organization, integrated into the work of the grassroots partners and became a Grassroots Lead Organization in 2019.

Individually, each organization is rooted in their respective communities and recognizes unique structural barriers that prevent people from having access to equitable care. Given their work in both rural and urban communities, the ability to represent a cross-sectional understanding of the oral health landscape for underserved communities is critical.

In as many ways as the barriers to good oral health looked different across the spectrum, there were also similarities. The grassroots organizations learned that "A number of [people] described electing to have teeth extracted that might have otherwise been preserved, due to cost concerns" in Wimauma, FL while also noting that "while some residents seek oral health care at Federally Qualified Health Centers (FQHCs) where they can pay on a sliding scale, the capacity of FQHCs is not able to meet demand" in Miami, FL.[9]

Without a concerted, congruent effort to address many of the systemic inequities, addressing the vast need in these communities was challenging. Moreover, it is challenging to balance the urgent needs of the community with the long-term policy and advocacy work needed to address those circumstances. In other states, the state oral health coalition has helped to spread information and hold the statewide policy agenda. In Florida, this level of alignment has been more challenging as a result of having two state oral health coalitions. The dual-coalition model grew out of the need to have space for grassroots and community organizations to more actively engage in policy advocacy work, while also maintaining a space for institutional relationships with major Florida stakeholders. However, this model also meant that everyone who engaged, including the Grassroots Lead Organizations, had an additional layer of work to coordinate and align efforts.

Through the capacity of the grassroots organizations to work together in recognition of the need for community-driven solutions, the collective work of the Florida oral health partners has reached new milestones. In 2019, a Florida Oral Health Consumer Engagement Report was written by grassroots partners and the Florida Institute for Health Innovation, informed by other state leaders such as Oral Health Florida. The report highlights testimonies, feedback and communities that are disproportionately affected by the oral health system. The collaborative effort to complement community voice with a health impact analysis and a specific policy agenda is the first of its kind and has potential to drive policy change related to expanding Medicaid, strengthening the provider workforce and broadening access to care.

The Florida Grassroots Lead Organizations are also working with other statewide partners on an advocacy campaign to improve access to school-based health services in the state. The Florida partners collectively committed to school-based oral health as a prime opportunity to address the social determinants of health by bringing dental care into community settings. The Grassroots Lead Organizations joined a campaign led by the Florida Policy Institute to align state-level policy with federal regulations allowing for increased reimbursement for school-based health services. They are bringing a community voice into this space, highlighting oral health as a social justice issue and underscoring the importance of addressing the social determinants of health. Through work on school health advisory committees and with student-advocates, the Florida partners are cultivating space for authentic community voices in existing statewide advocacy campaigns and bringing their perspective on the importance of oral health to general health advocacy campaigns.

> "We know from past experience that a change in narrative and perception is often followed by the political will necessary to ensure policy change."
>
> — Catalyst Miami

While the work of the Florida oral health partners across the state has reached a new level of synergy, some of the most notable points of success have been in the degree to which Florida grassroots partners have influenced the national dialogue around oral health. One key learning speaks to the impact of not just recruiting community organizations, but also community leaders.

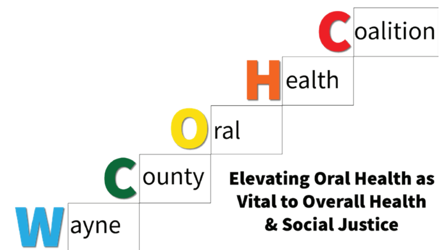
This lesson became evident in the emerging national capacity of OPEN to recognize the significant role that social determinants of health and equity play in the health of individuals and communities. As OPEN has evolved, grassroots partners have become meaningfully integrated across the network's infrastructure, from leadership to the working committees. As a result, individuals that represent the Grassroots Lead Organizations have taken on leadership opportunities to ensure that a community voice is woven in to all aspects of OPEN. Not only are the voices of communities influencing progress within their states, grassroots leaders are bringing a collective community voice in shaping the goals, strategy and activities of a nationally focused social movement.

Michigan

In 2015, Michigan was an ACA expansion state with a Medicaid dental service utilization rate of 32 percent with a predominantly white population (76 percent) followed by African American (14 percent), Hispanic and Latinx (5 percent), Asian (3 percent), American Indian (<1 percent), and multiracial (2 percent).[10–12] According to the 2014 Michigan Behavioral Risk Factor Survey, persons with low household income and less than a high school education were much more likely to report having had no dental visit during the past year and six or more teeth missing than those with a greater household income and higher education levels.[17] More than half (55.3 percent) of Michiganders with a household income of less than $20,000 did not have a dental visit during the previous year, compared with only 13.7 percent among those who had a household income of $75,000 or more. Results were similar for those with less than high school education, in which 52.9 percent reported not having seen a dentist in the previous year, compared to 16.5 percent of college graduates.[18] For those living in poverty, many factors affect an individual's ability to access oral prevention and treatment services, such as a shortage of dentists practicing in low-income communities, a shortage of dentists willing to accept public insurance like Medicaid, high unemployment, jobs that do not offer dental insurance and limited or no transportation services. Within this context, local organizations in Michigan had an opportunity to work toward equity in access and availability of oral health care.

In Michigan, two Grassroots Lead Organizations have engaged in the state and regional oral health infrastructure in a unique way, both serving as the backbone organization for a local oral health coalition. For this reason they are well-connected to both the Michigan Oral Health Coalition and the Midwest Collaborative, a collective impact initiative bringing together the oral health infrastructure of Michigan, Wisconsin and Kansas. In this unique role, both Grassroots Lead Organizations have expanded the reach of oral health work to new partners, strengthened ties with local and statewide organizations and elevated community voices in the state oral health infrastructure. At the same time, they have continued to have a significant impact on their local communities. They offer mini-grants to other community-based organizations, engage with faith-based groups, provide public training and education on oral health and health equity, and leverage their support of local emergency dental clinics into broad public messaging about fixing a broken oral health system.

- Based in Grand Rapids and serving as the backbone of the Kent County Oral Health Coalition, **HealthNet of West Michigan** is dedicated to addressing the social determinants of health to improve the lives and outcomes of their community through education and connections to health care and other services.



- **United Health Organization** (UHO) is based in Detroit and serves as the facilitator of the Wayne County Oral Health Coalition. UHO has a background in providing outreach, health screenings, education and maintains other services to underserved community members, and deep connections to faith-based and social service organizations in the city. Prior to 2018, UHO had served as a community outreach partner for the original Grassroots Lead Organization before assuming the role of Grassroots Lead Organization, bringing its strong community ties and organizing capacity to the core of the project. UHO has also served as an important voice within OPEN. Their leadership has helped to further catalyze a national conversation about the importance of genuine community engagement and the needs to address opportunities and do so with a health equity and racial justice lens.

While expanded community engagement in the state oral health infrastructure is clearly a win in Michigan, this work also draws attention to potential challenges with a coalition-based model — including the need to reach consensus among partners who may bring very diverse backgrounds and incentives to the group. This issue is particularly apparent when controversial topics like dental therapy surface as potential workforce solutions to address the ongoing inequitable distribution of services and persistence of disparities in health status.

Historically, the oral health space has been predominantly informed by providers. Coalitions, in authentic partnership with grassroots organizations, have an important role to play centering the consumer voice. But for those voices to be truly integrated into the work, community organizations must feel empowered and equipped to sit at the table with the state coalition and other statewide provider and special interest groups. Coming into the initiative not as oral health subject matter experts, there is the potential for community-based groups to take a backseat to a strong oral health coalition. This is where the Grassroots Engagement Strategy has worked to support community organizations building their capacity to engage as windows of opportunity open for policy change and advocacy.

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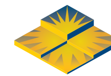
Pennsylvania

In 2015, Pennsylvania was an ACA expansion state with a Medicaid dental service utilization rate of 27 percent and a predominantly white population (78 percent) followed by African American (12 percent), Hispanic and Latinx (7 percent), Asian (3 percent), American Indian and Native Hawaiian (<1 percent) and multiracial (2 percent).[10–12] In 2015, Pennsylvania issued a state health improvement plan that identified access to dental care and preventive services as a gap and asked for input from various stakeholders to draft policy on improving access, oral health workforce development, and infrastructure development to reduce disparities in oral health outcomes. This context provided a good opportunity for grassroots organizations to make their voices heard in the formation of state policy.

The three grassroots grantees in Pennsylvania — ACHIEVA/The Arc of Greater Pittsburgh, the Berks County Community Foundation and Put People First! PA — bring to the state oral health coalition their work with diverse populations in rural and urban communities across the commonwealth. These grantees are doers, convening other organizations, leading advocacy efforts, and raising the voice of oral health consumers with state legislators and national partners. Based on input from their diverse constituencies, these organizations have made reinstating the adult dental benefit in Medicaid and changing the perception of the importance of oral health their primary collective targets. Their participation over the course of the Grassroots Engagement Strategy encouraged the state coalition — long focused on children's oral health — to make this a priority issue, as well.

Working closely with each other and statewide partners, the Pennsylvania Grassroots Lead Organizations leverage the complimentary expertise and interests of each organization to drive progress, elevating the voice of consumers, changing public perception of oral health, and making health equity and racial justice a key issue in the commonwealth. According to Put People First!, "Our strategy is to build a grassroots base of directly-impacted people and families in communities throughout the state who lack dental care... Community members must be deeply engaged, not just as consumers or recipients of services but as developing leaders capable of creating a vision for what a just healthcare system looks like." [9] This approach was clearly evidenced by the elevation of adult dental Medicaid benefit reinstatement as a major collective priority area for the state coalition.

- **ACHIEVA** historically has worked to improve access to care for patients with disabilities through policy change and has brought this expertise to the coordinated effort to reinstate a comprehensive adult dental benefit in Medicaid. In parallel to this work, ACHIEVA has partnered with dental schools in the state to help prepare the next generation of dentists to accept public insurance and patients with disabilities.



- With a primary focus on children and deep relationships with key state legislators, **Berks County Community Foundation** has contributed its expertise to the Medicaid expansion effort, elevating the role that adults play in better oral health outcomes among children. At the same time, they have continued to support school oral health programs, oral health education for pregnant women and access to care for underserved populations.

- **Put People First! Pennsylvania**'s (PPF-PA) history as a community organizer and its connections to the national Poor People's Campaign has brought groups traditionally not included in the health care debate to the table. Along with their state partners, PPF-PA has worked to mobilize these voices, tell personal stories and highlight the importance of oral health to overall health — especially among Medicaid eligible populations.

The initiative in Pennsylvania highlights the importance of bringing together partners with a diversity of skills and constituencies who can complement one another and lead different components of the work. The initiative also illustrates that this kind of outside-the-box collaboration can be difficult at first, but persevering to create alignment and integration can pay huge dividends. Community Catalyst played an important role supporting the three Grassroots Lead Organizations as they identified their niches within the collective work and developed processes for working together. Now, the grassroots organizations, along with their strong partners in the state oral health coalition, are better equipped to leverage their collective strengths toward advocacy and poised to take advantage of future windows of opportunity for policy change in the state.

The oral health landscape in Pennsylvania has markedly changed for the better over the course of implementation of the Grassroots Engagement Strategy. Increased collaboration among oral health partners — from the state government to the oral health coalition to community and advocacy groups — is an important piece of that progress. When the initiative began in 2015, the state oral health infrastructure was limited. Today, that infrastructure includes a diverse and active oral health coalition that works closely with grassroots organizations and other community partners to center the voice of historically marginalized populations in their work. This effort is exemplified by the collaboration between the Pennsylvania Coalition for Oral Health and the state health department to successfully apply for Health Resources & Services Administration and Centers for Disease Control and Prevention funding for their work and to support a state dental director position. Through the coalition, community groups will have the opportunity to participate in the selection and on-boarding of the new dental director.

The value that grassroots organizations can bring to the national movement is well illustrated in the nascent collaboration between the Poor People's Campaign and OPEN. This intersection, as well as the collective voice of the 20 grassroots organizations across the country, has challenged the network to think about what it means to be connected to other larger social movements focused on a broader agenda that includes topics like racial justice, immigration and the social determinants of health.

Virginia

In 2015, Virginia was not an ACA expansion state. It had one of the highest Medicaid dental service utilization rates in the country — 38 percent. Virginia has a population that is 64 percent white, 12 percent African American, 17 percent Latinx, 5 percent Asian, and 2 percent multiracial, with less than 1 percent representing other races.[10–12] In addition to disparities across race, socioeconomic status and geographical region, Virginia has recognized regional disparities in dental workforce availability. Eighty-four areas are federally designated dental Health Professional Shortage Areas (dHPSAs), defined as a geographic area where the population has an insufficient number of dentists to serve their dental needs.[19] The dentist-to-population ratio is generally greater in heavily urbanized regions (such as in Northern Virginia, the Richmond metropolitan area, and the Hampton Roads region) than in rural areas such as the southwest and Southside region.[19] Four counties did not have a single licensed dentist in 2012.[19]

The Grassroots Lead Organizations represent the diversity of communities across the commonwealth, working in different regions to improve oral health outcomes and elevate equity as a key component of health advocacy. Like other state-local partnerships, the Virginia initiative demonstrates the importance of bidirectional communication between the Grassroots Lead Organizations and the state oral health coalition to deeply understand and elevate the regional differences in needs and barriers to oral health improvement among diverse populations. Now as part of the Virginia Oral Health Coalition (VaOHC), the Grassroots Lead Organizations have increased opportunities to bring community voices and a health equity lens to statewide health policy and advocacy conversations.

Virginia's Smart Beginnings wrote, "We learned early on...that there is a general lack of understanding or knowledge of oral health issues by many of the community stakeholders in our Planning Group."[9] To become better equipped as advocates and conveners, they identified a need to learn more about oral health services, access and coverage from both providers and consumers.

- With a historical focus on employment and economic opportunity, **LENOWISCO Planning District** in Appalachia has demonstrated the importance of engaging community-based organizations working on issues as diverse as homelessness, food access and tobacco control to further the oral health conversation. They are also committed to exploring how dental workforce expansion could affect both oral health and economic outcomes in their region.

- The Petersburg Wellness Consortium, hosted at **Virginia Commonwealth University** (VCU), uses photovoice projects, in-person legislative visits, and other innovative approaches to engage historically underserved populations — such as non-English speaking women — in a conversation about barriers to improved oral health. VCU also piloted a "micro-grant" model to bring other community partners into the work. They have published and presented on their findings, spreading this grassroots engagement approach across the national oral health movement.

- **Smart Beginnings Virginia Peninsula** has brought an oral health and equity lens to their ongoing vision that all children start school prepared and healthy, leveraging their programmatic work to inform policy change. This effort has involved working with local school districts to integrate an oral health curriculum and building support from teachers and school nurses. They also ran a pilot project with a local emergency department to demonstrate the importance and cost-savings of an oral health case manager role, and to advocate for this model to be permanently adopted by hospital administrators.

These efforts have led to progress in policy change at a local or organizational level, which, though different from state or national policy, can be equally important for longevity and impact.

- One of the priorities of the **United Way of Roanoke Valley** has been to work with the state dental association and local community colleges to develop and support a community dental health worker model. This effort has involved bringing together diverse partners in service of a common goal. They have also focused much of their work on engaging and empowering youth as a key voice in oral health advocacy and policy change efforts.

The work in Virginia highlights regional differences across a state in oral health needs, attitudes and barriers to care. Policies that are popular in one area — dental therapists, for example, to provide both improved access to care and career opportunities — may not be the solution to challenges in another part of the state. Grassroots organizations deeply embedded both in their communities and in the statewide oral health infrastructure have provided on-the-ground insight to these regional differences. Likewise, the Virginia Grassroots Lead Organizations came to the initiative working at different stages across the lifespan and now bring these diverse perspectives and unique organizational partnerships to state-level advocacy work. The next step toward progress might be partnering with the coalition to develop policies and practices that are effective in lifting up oral health across the commonwealth, but that also give local stakeholders the flexibility to meet the unique needs of their respective communities.

In addition to their local work, the Virginia Grassroots Lead Organizations have demonstrated the flexibility to take on new opportunities as they arise, like supporting Virginia's Medicaid expansion, in partnership with the state coalition.

In 2018, Virginia passed Medicaid expansion, which includes extending limited dental benefits to 400,000 adults. The VaOHC and its grassroots partners played a role in advocating for this policy change.

None of the grassroots organizations were involved in advocacy prior to joining the initiative, but through this initiative and the support of the VaOHC they have built internal capacity and learned more about how to improve oral health outcomes. While integrating oral health into their programmatic work, they have engaged in local policy change and brought the voices and perspectives of their constituents to statewide policy change efforts.

A challenging budget environment suggests that it may still take several years for the opportunity to arise to push for a comprehensive adult dental benefit in Virginia; however, with changes in the Virginia political landscape and policy environment, including Medicaid expansion, the state coalition — bolstered by its regional and grassroots partners — is well poised to seize the opportunity to expand dental benefits, as well.

LESSONS LEARNED FOR FUNDERS

Acknowledging that the current oral health system created, and is perpetuating, poor oral health for certain underserved communities, the DentaQuest Partnership embarked on a multi-year investment strategy to demonstrate the central role community engagement must play in impactful social change, to elevate health equity as a core value, and to position oral health as a key social justice issue. Research indicates that such an effort has not been undertaken in oral health before. As a first-of-its-kind initiative, there has been plenty to learn along the way.

Below are the engagement lessons that we and our grassroots partners have learned over the course of the initiative. These lessons continue to inform our work and OPEN's understanding of meaningful community engagement. They would be useful for funders taking on this model of social change.

1. DEVELOP A THOUGHTFUL ORGANIZATION SELECTION PROCESS

To make the greatest impact and use resources most efficiently, a funder launching a grassroots engagement strategy should develop a clear and thoughtful process for selecting participant organizations. At a cohort level, we have found that diversity across the organizations around skills, experience and community representation is imperative.

Participating organizations should have values aligned with community engagement and advocacy, and a commitment to continue learning and building capacity in their staff and the community they serve. Recruiting organizations without prior oral health experience allows for the inclusion of a broad new perspective from across different sectors and of organizations that are not tethered to the views of established oral health stakeholders.

Additionally, it is critical to examine not just an organization's experience, expertise and values, but an organization's soundness and viability, as well. Although this process can be time-consuming, selecting appropriate organizations aligned with the work can drive the impact and potential for change over the course of the strategy. As we and our partners learned more about the qualities and context needed for success as a Grassroots Lead Organization, several organizations self-identified as not actually being the right fit. Taking that feedback into consideration, we actively supported the transition to new organizations that were better aligned with the initiative.

2. DON'T SKIP THE PREP

Intentionally, the DentaQuest Partnership did not select organizations that brought deep experience in oral health. We understood the intersectional nature of this work and the importance of diverse partners. Therefore, dedicating time and resources to teaching, learning, capacity building and organizational development is a vital phase of the work that cannot be overlooked. Within this work, doing an oral health landscape assessment to understand the local needs, gaps and opportunities in the first year was helpful. Similarly, it is helpful to spend time defining what "community engagement" means in this context — listening sessions, literature reviews and partner conversations can be critical given that local partnerships will evolve differently across communities. Grantees at the community level should drive this process. Make expectations for this learning period clear, and be intentional about when and how the pivot to action should occur.

3. SUPPORT CONSTANT AND AUTHENTIC COLLABORATION

The benefit of assembling a diverse cohort is that each organization and individual involved brings a unique and powerful set of experiences, skills, connections and knowledge. It is vital that everyone involved — including the funders — bring their full selves to bear on the problem. But collaboration within the cohort is not enough; large, systemic change requires many partners at the local, state and national level. The intentional thought given to engaging with organizations that haven't been engaged in a particular space, whether by choice or by system design, will directly correlate with long-term success. An important part of this work is recognizing the urgent and large backlog of unmet needs of these marginalized communities. Funders should provide the necessary resources, time and space to support this kind of broad collaboration and sharing. There will undoubtedly be a cultural shift among broader partners in the work with the introduction of non-traditional voices. Allow time and space for individuals to navigate this change; it is necessary for the cross-sector, organizational change that real systems change requires.

4. BUILD CAPACITY AND ALLOW SPACE FOR LEADERSHIP

Not all organizations and individuals are created equal in their desires and abilities to lead a health equity agenda in oral health. Leaders self-select and are extraordinarily vital and effective in promoting this topic, raising and discussing it in various settings. Within the grassroots organizations themselves there is a correlation between the ongoing capacity building they receive and how successful they are. Success can look like developing resources and support for community residents to meaningfully engage in policy and systems change; integrating elements of collaborative structures, their processes, shared power and collaborative decision-making aspect; and incorporating resources and activities that sustain community participation as change leaders locally that result in system impacts.

Similarly, creating opportunities for grassroots partners to bring their expertise and local lens to a broader movement or space will deepen other partners' and funders' capacity to apply a health equity and social justice lens to their work. The combination of strengthening capacity in both directions allows for a more equitable distribution of power and stake in the long-term impacts that funders and grantees seek to make. Funders and sponsors can help to provide safe spaces and support for these discussions to happen.

5. EMBRACE LEARNING, DISCOMFORT, AND PUSHBACK

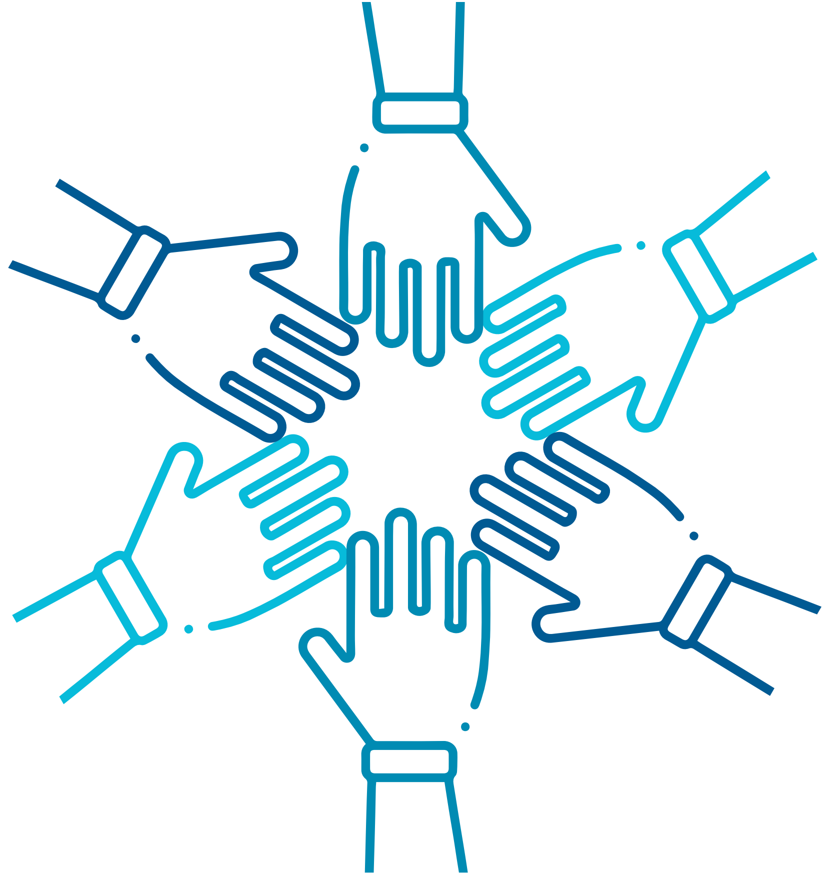
At the core of this work is the belief that community strength is essential to sustainably solving any health inequity. In addition, meaningfully partnering with these organizations means recognizing the limitations of solutions derived from outside of those communities. As a funder, investing in the capacity and leadership of these partners often comes with a degree of discomfort and cognitive dissonance as new perspectives are woven into the conversation. Having our beliefs and ideas challenged by grassroots organizations should be seen as a reflection of how committed these partners are to moving the work forward collaboratively. Leaning into any pushback creates opportunities for a wealth of learning and a dialogue that builds deep and committed relationships, which is essential for long-term policy and systems change.

6. EVALUATION IS CRITICAL

From the very beginning and throughout the initiative, a clear and robust process and outcomes evaluation framework will keep diverse partner organizations aligned on the same goals. Measures should be qualitative as well as quantitative, with the understanding that much of the value of this work comes from "soft" progress that may be challenging to measure in a traditional sense — such as relationships built, capacity developed or advocacy skills learned — but no less important to the final outcomes.

OPPORTUNITIES FOR THE FUTURE

As a national funder, the DentaQuest Partnership stands firm in our commitment to the value and benefit of this approach to investing in systems change from the grassroots up. As a person close to the initiative stated, “Change is consistent with whoever is in the driver seat.” Whether in oral health or other areas, health disparities across race, gender, place, age and other factors are engrained in our institutions and systems, and intolerable to those who believe in equity and justice. Starting to tackle these issues is not quick and easy. As we have shown, it requires a deep and authentic commitment over multiple years, by many partners working together at all levels and from multiple sectors. Most importantly, it requires intentionally centering the voices of those most affected — and most historically underserved — by the broken system. A thoughtful and fully collaborative funding structure is one way to begin to move this needle.



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