ORAL HEALTH JOWA

A collective coalition of:

Cavity Free Iowa
Community Water Fluoridation Workgroup
Lifelong Smiles &
Oral Health Iowa





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The core purpose of this plan is to guide the "new" Oral Health Iowa as it builds a coalition that improves the oral health of all Iowans. This plan is only a starting point. It is intended to be an ever changing and evolving document to empower Oral Health Iowa to build the new collaborative coalition in new and innovative ways. The document provides a framework to guide the growth and process and shall be revisited annually to ensure that there is consistency with the Mission and Vision of the coalition.

All stakeholders and organizations involved believe that the five characteristics of this new collaborative coalition effort were to be maintained throughout the strategic planning process, as well as, the initial years of the new coalition.

COLLABORATE | BE PROACTIVE | BE INNOVATIVE | ADVOCATE | BE ENGAGED





COLLABORATION PARTNERS

Collaborative Process Oral Health lowa's (OHI) assessment and strategic plan was the result of a collaborative process that engaged community stakeholders in determining the nature and extent both of needs and resources in lowa. This assessment and information gathering process began in August of 2022 to draw together a wide range of participants from different focus areas and aspects of oral health care in lowa.

The following organizations and agencies participated or provided information to be included in the community assessment and planning process.

- Broadlawns Medical Center
- Cavity Free Iowa
- Delta Dental of Iowa
- Iowa Department of Health and Human Services
- Dental Connections
- Iowa Dental Association
- Iowa Dental Hygienist Association
- I- Smile and I- Smile Silver
- Lifelong Smiles Coalition
- Managed Care of North America
- Oral Health Iowa
- Primary Health Care Association
- University of Iowa College of Dentistry and Dental Clinics
- Iowa Community Water Fluoridation Advisory Groups

We would like to thank all of those that assisted in the planning process during 2022/2023. Your graciousness, expertise, and passion for improving the oral health of lowans is evident and appreciated.

The following individuals provided countless hours dedicated to efforts to create a collective coalition:

- Beth Jones, Delta Dental of Iowa
- Erin Drinnin, United Way of Central Iowa
- Jessica Nelsen, United Way of Central Iowa
- Carly Ross, Lifelong Smiles
- Sarah Peterson, Cavity Free Iowa and Community Water Fluoridation Workgroup
- Jaci Miller, Oral Health Iowa and Lifelong Smiles Coalition Coordinator





HISTORY OF THE PROCESS

Cavity Free Iowa, Community Water Fluoridation Workgroup, Lifelong Smiles and Oral Health Iowa Coalitions have developed a community plan or road map for creating one collaborative coalition.

Landscape Review

In May and June of 2022, the Coalition Coordinator for Oral Health Iowa and Lifelong Smiles did an in-depth comparison evaluation of oral health coalitions and workgroups in Iowa. This comparison looked at each of the coalitions/workgroups:

- Mission and vision and/or purpose
- Guiding principles
- Leadership structure
- Committees and frequency of meetings
- Voting and coalition business procedures
- Types of memberships
- Membership organizations
- Funding support
- National support organization(s)
- Main goals, initiatives and workplans
- Advocacy efforts and priorities

Through this comparison common threads were identified, as well as where services and activities overlapped. Comparing each of these founding collaborative coalition partners gave a foundation for how we could merge resources, administrative support, activities, and stakeholders under one main umbrella to work smarter and have a greater reach to constituents.



Data Collection from Oral Health Stakeholder and Coalitions - Membership Survey

Members of Cavity Free Iowa, Community Water Fluoridation Workgroup, Lifelong Smiles and Oral Health Iowa were invited to complete a survey in September 2022 to answer questions from the broader perspective than just as the individual coalition or workgroup in which they participated.

Questions asked and results:

- ❖ Familiarity with efforts/discussion of a collective coalition to reduce duplication and provide an inclusive voice for oral health care in Iowa.
 - > 38% were familiar with the efforts and discussions.
- Thoughts on the structure of the collective coalition and what would make it most effective.
 - > Strength in numbers
 - Less duplication of efforts
 - Unified messaging
 - Virtual and in person meetings
 - Allow one representative from each stakeholder group to serve on the leadership committee.
 - Geographic reach of membership
 - Committees to focus on issues/tasks
- What leadership and governance of the new coalition should look like?
 - Voting of steering committee majority lead
 - Chair of committees
 - > Advisory committee over the full coalition
 - > Equal weight to all members in the approval of coalition objectives.
 - Majority rule not allowing one to block progress.
 - > Appointed leadership brings recommendations to the membership for voting approval.
 - Representation on a steering committee from major stakeholder fields.
 - Have paid staff executive director.
- How effective the coalition could be in de-siloing the efforts of its individual members.
 - 42% thought the effort would be effective.
- What would be barriers to the collective coalition's success?
 - Top barriers included: funding, aligned missions and competing priorities, staff resources, and time.
 - Hidden agendas of some organizations.
- What should the collective coalition provide strategic focus and vision on as an organization?



- Building strategic partnerships
- Engaging with the community
- Advocacy
- Clearly defined goals
- Strengthening consumer voice
- Mission clarity
- > Creating, merging and maintaining one umbrella functional coalition with the same message.
- Where would you like to see the collective coalition in three years?
 - Active in the oral health community
 - Having a policy/advocacy priority success
 - > Improved oral health indicators trending in the positive direction
 - > Strong oral health supporting presence in collaboration with other healthcare groups.
 - Advancing diversity in the dental workforce
 - > Effective in bringing oral health issues to the forefront in lowa.
 - Medical/dental integration
 - Advancing value-based care payment
 - Advocacy achievements: higher Medicaid reimbursement, increasing access to care in rural lowa, dental therapists licensed in lowa.
 - National recognized for collaborative efforts and advocacy.
 - Reliable resource for the membership (newsletters/bulletins)
 - Respected and known by legislators
- How can the strengths of the founding coalitions be best leveraged in the new collective coalition?
 - > Enhance efforts through collective voice and resources
 - > Better identify strengths among members.
 - Advocacy
 - > Create a voice for consumers.
 - ➤ Have a clear mission and ground rules so all feel they have a voice.
 - > Utilize membership in leadership roles.
 - > Defining coalition mission and operational rules and holding members to it.
 - > Ask for formal organizational support for advocacy priorities and activities.
 - > Use membership to form allies with other disciplines.

Focus Group Strategic Planning Process: A strategic planning process started in August of 2022 by drawing together a wide range of participants from different areas of oral health in lowa. Beginning with focus groups and surveys, a key stakeholder planning group analyzed the data





that was collected to build a strategic plan for the establishment of a collective coalition to unite Oral Health Iowa, Lifelong Smiles, Cavity Free Iowa, and Community Water Fluoridation Workgroup.

Strategy Phase: A strategic planning and development session was held in early October. This session was followed with two more sessions to expand the strategy for a new collaborative coalition. Trend data collected from the surveys and individual stakeholder discussions were used to create facilitated discussion topics.

The intended outcomes of the strategic planning sessions held included:

- Development of mission and vision
- Finding a common/unified voice and values
- Collaboration and leveraging resources
- Sustainability strategies
- Coalition structure to include membership, leadership and work groups
- Awareness, identity and marketing
- Capacity building

SWOT Process

Those involved in strategic planning were asked to complete a strengths and opportunities analysis.

Strengths: What do we do well? What do others see as our strengths? What characteristics of Oral Health lowa help us achieve our outcomes?

- Recognizing opportunities
- Identifying solutions
- Persistence
- Dedicated volunteers
- Networking with other coalitions
- Built relationships
- Unified voices
- Trust
- Successful programs with noted impact





Opportunities: What new relationships could we develop? What might we do that are not currently doing to improve? Who can we partner with to make an impact?

- Improved governance structure
- Diversity in representation
- Diversity in stakeholders
- Dedicated volunteers
- Provide better access to services
- Qualitative storytelling
- Leveraging and utilizing data
- Visibility and recognition through branding
- Effective communication
- Leadership

As a result of the strategic planning sessions and process, a collective, collaborative coalition of Cavity Free Iowa, Iowa Community Water Fluoridation Workgroup, Oral Health Iowa, and Lifelong Smiles would be formed. The founding four groups in their previous forms would be restarted within a new collective coalition called Oral Health Iowa. The following pages represent the restart of a new Oral Health Iowa, made up of a new membership

We are stronger together as one collective coalition.



NAMING THE COALITION

It was important to the strategic planning partners to choose a name for the new collective coalition that was considerate of all individuals and organizations involved. It was important to:

- > Reflect the identified values, goals and mission of the coalition.
- > Determine how the coalition would stand out and be remembered; resonate with the public.
- > Easy to remember and identify with the coalition.
- > Be inclusive.

Discussion over a name determined the need to be reflective of the state of lowa. This would illustrate a state wide movement, as well as, be a similar nomenclature as with other state oral health coalitions. In addition, the name needed to be reflective of oral health and differentiate from other oral health associations or coalitions. A brief survey of names of created. The results were to utilized the name Oral Health lowa with a new look and logo to reflect the "new" restarted collective coalition.







DEFINING ORAL HEALTH IOWA

- Our Vision: Oral Health lowa seeks to be the trusted advisor on oral health in our state by providing: advocacy on relevant and timely issues; education and information on trends and best practices; and connection for experts, providers, and practitioners to empower those in lowa to improve their quality of life.
- Our Mission: Oral Health lowa is the unified voice for oral health in Iowa.
- Our Purpose: To create a unified voice among oral health champions who will educate, advocate, and integrate their efforts to improve the oral health outcomes of all lowans

ORAL HEALTH IOWA'S GUIDING PRINCIPLES

We believe:

- > That oral health is a key component to overall health and well-being across all ages.
- That we must be inclusive, foster collaboration, and not duplicate efforts among partners.
- We have strength through existing oral health coalitions and groups.
- In sharing, connecting, and filling gaps among our members.
- In having leadership and voice from community members, especially those disproportionately impacted by economics, social, and healthcare challenges.



The strategic plan will be rooted in our value system and represent who we are as a coalition. The following are what we believe we embody as a coalition and how we serve each other and our community:

Reflect the diversity of our consumers.

- We will seek and provide more compositional and geographic diversity in our coalition;
- We will bring together different viewpoints and expertise to meet our guiding principles;
- We will consider the broad range of definitions that exist for Oral Health.

Sustainability in our efforts.

- We will work to ensure financial sustainability for our efforts;
- We will bear in mind the capacity of our coalition and those who are part of it;
- We will continually keep succession planning and engagement of our members and partners top of mind.

Provide connection points and resources to our coalition members.

- We will demonstrate leadership and continuous learning and development in our efforts:
- We will provide support to our coalition members and partners by leveraging the collective wisdom of the coalition;
- We will bring together different conversations and collaborate to find the best possible path forward.





THE VALUE OF A COLLECTIVE COALITION

Through strategic planning and the discussion of the future collaborative coalition, an outline of major components of the values we seek to provide coalition members was identified. As the coalition grows and the steering committee begins their work, these will be strengthened, modified, adapted and clarify what OHI stands for. This will ultimately help us more deeply consider how our coalition can have the greatest impact.

The collective coalition is for: stakeholder groups, health coalitions, policy makers, advocates, influencers, and providers.

Members of the coalition seek to: positively impact oral health outcomes, access, prevention, education, funding and information and data on oral health.

As a unified coalition we provide:

- Collective and unified voice
- Interdisciplinary and cohesive expertise
- Broad network of relationships
- Data driven solutions
- Up to date information
- Educational opportunities
- Opportunities to be change makers

The new Oral Health Iowa is different and unique which allows us to build a strategy for growth. Oral Health Iowa will be:

- Mission driven
- Focused on the many aspects and measures related to oral health
- Diverse in expertise
- A collective intelligence of oral health professionals
- Focused on the public versus the profession of the coalition
- Learning from our membership
- A part of a larger, national network of professional oral health coalitions and organizations

What makes us unique:

- Collective wisdom of a large group that is forward-facing
- Mission driven and science based
- Not serving individuals we are serving the greater good
- Collective and unified in our message and purpose
- Trust in our peers and professions



ESTABLISHING PRIORITIES

As the coalition forms and the main purposes of the effort are clarified, one of the core strategic areas of focus must be to elevate our visibility, outreach, and specific mission. One of the goals of the coalition is the collection and availability of resources to support members and those in need of a broader base of support, and the work done during the planning process and develop actions and tasks for this strategy group for the work that will be done to enhance our impact through the use and distribution of this information. Thought we may not lead any effort; the force of our presence will be felt through the multi-disciplinary expertise of our members.

Stakeholders involved in the strategic assessment have identified three over riding strategies to build a collaborative coalition that improves the oral health of all lowans.

The core purpose of the strategic planning process was to build a collaborative and collective coalition that is a unified voice for oral health in lowa. This strategic plan provides a foundation upon which to build coalition leadership and committees. Once the organizational foundation and steering committee are in place, general priorities will focus on:

- **PARTITION** Implementation of a collaborative organizational structure
- Sinancial durability and sustainability
- **Performing statewide outreach and messaging**

Priority Area 1: Collaborative Organizational Structure

Strategy	Goal	Objectives
Empower collaboration and enhance the impact of OHI	Build infrastructure for support of the priorities of the coalition.	 Create spaces of innovation and develop opportunities for cross education and better leveraging the collaborative strength of OHI. Elevate the attention to the resources available for advancing oral health in lowa through advocacy.

The organizational structure or Oral Health lowa provides the framework around which the coalition is organized.



Priority Area 2: Financial Durability and Sustainability

Strategy	Goal	Objectives
Create durability and sustainability for OHI	Create a diverse and sustainable coalition.	 Build an understanding of the roles and contributions of specific OHI groups to break down siloed efforts and focus on crossorganizational activities. Strengthen governance and build diversification to generate the necessary funds to ensure the coalitions ability to fulfill its core purpose, achieve its vision and impact the oral health of lowans. Establish core governance to create a robust and sustainable coalition that serves to integrate oral health resources.
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Oral Health lowa will promote policies that address the strategic plan goals and promote sustainability of it's efforts by leveraging and aligning its efforts with the community and stakeholder partners.

Priority Area 3: Messaging and Outreach

Strategy	Goal	Objectives
Provide stronger messaging and outreach for OHI	Raise the visibility and support of the coalition around the state demonstrating our collective voice and providing opportunities for collaboration.	Provide clear outreach and broaden the messaging of the core purposes of OHI and enhance the visibility and impact of OHI through communication tools and platforms across the state. Build awareness of oral health priorities in the state of lowa.

Oral Health lowa will serve to exchange knowledge and ideas, show concern for oral health issues, establish credibility, advocate for policy changes and develop coalition synergy. Messaging and outreach will provide an opportunity to collaborate with those that may not have been previous partners. Once the steering committee is in place and the coalition membership forms, the coalition must work to elevate our visibility, outreach and specific mission.



PROCESS FOR PLAN EVALUATION

It is important that we continuously evaluate our progress in the formation of a collaborative coalition by thinking about: What can we do as a collaborative coalition? As a coalition are we: leveraging diverse talents, creating more visibility, enhancing advocacy and resource development or revitalizing energies of our members?

- Assess Performance: How close did we come to meeting performance measures and targets? How effective are funded programs to impacting indicators, priorities and goals of NICA?
- "Challenge Assumptions: Is our foundation of the plan still sound?
- Critique Operations: Are current processes and programs funded the most effective means to achieving our goals?
- Examine New Opportunities: Have new opportunities arisen and are they worth pursuing?





GOVERNANCE STRUCTURE

Oral Health Iowa is a collective and partnership among professionals, organizations and those with a vested interest in the oral health of all Iowans. It is necessary to create a more defined structure to serve as the foundation for the coalition. Oral Health Iowa will be a forum the openly invites all individuals that are interested in oral health to become a stakeholder in the mission and vision of Oral Health Iowa.

The process for formally integrating the founding coalitions into one collective collaborative will be completed by:

- Secure approval from each of the four coalition/workgroups to formally integrate into one coalition.
- Adapt guiding principles to ensure our coalition's four leading organizations maintain a seat on the steering committee for the first three years.
- Determine how each founding collective organization will continue to work and collaborate within the context of the new Oral Health lowa coalition and define its support structure.
- Create a collective inventory of potential funding streams or organizational financial supporters.

STEERING COMMITEE

OHI will be governed by an eight-to-twelve-member Steering Committee made up of individuals representing various broad sectors that impact oral health in the state of Iowa. Each Steering Committee member will bring unique knowledge, commitment and experience. For the first three years, one representative from each of the founding coalitions/workgroups will be part of the Steering Committee.

Founding Coalition Representation

4 Steering Committee Representatives Maximum
Cavity Free Iowa Lifelong Smiles
Community Water Fluoridation Oral Health Iowa

Steering Committee Representation

8 Steering Committee Representatives Maximum

Dental and Dental Hygiene Academia Prim

Medical Healthcare Provider

Health Funder (501c3)

Oral Health Practicing Provider Representatives

from IDA and IDHA

Primary Care Representative/FQHC

Non-Profit Organization Representative (up to 2)

I Smile or I-Smile Silver Coordinator

Public Member representing people or groups who may experience challenges with oral health/access.



Three advisory, non-voting Steering Committee members will represent the following:

- Bureau of Oral and Health Delivery Systems
- Medicaid
- Fiscal & Administrative Agent of the Coalition (United Way of Central Iowa)

Steering Committee Members – General Responsibilities

The Steering Committee should adhere to the following responsibilities and expectations:

- Be composed of individuals who are personally committed to the mission of OHI.
- Put the interests of OHI first and not use his or her position for the benefit of personal or business interest.
- Stay informed about OHI.
- Participate in committees as necessary.
- Support decisions of the Steering Committee.
- Hold regular meetings at a minimum of four times per year.
- Be available to respond to issues requiring an immediate vote.
- Conduct necessary research on issue related to said immediate vote so that an informed decision made be made.
- Seek out experts in situations that require specific technical expertise.
- Oversight of organizational policies and procedures.
- Document and report back to the full coalition at the next official meeting any decisions that were made via Steering Committee.
- Fulfill the roles and obligations of the Steering Committee outlined in the current strategic planning documents.
- Acts as a spokesperson/group for the coalition.
- Calls special meetings, if necessary.
- Appoint Committee Chairs and recommends who will serve on committees; works with staff / contracted support to track who serves on committees (through direct solicitation of interest),
- Prepares agenda for coalition meetings, with the assistance of staff / contracted support.
- Recruits new stakeholders.

Voting Structure

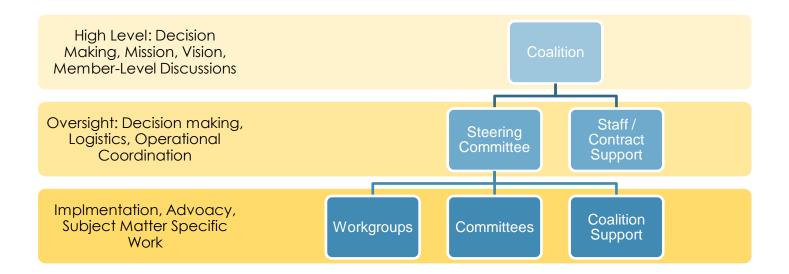
Oral Health Iowa governance decision are determined by a majority vote of the Steering Committee members. Each Steering Committee member has one vote.

Oral Health Iowa position statements related to advocacy/policy/etc. will be determined by a majority vote of the Steering Committee membership.



ORGANIZATIONAL CHART OF ORAL HEALTH IOWA

The structure of the coalition will be aligned with smaller staff/contracted support. The constituency of Oral Health lowa includes all lowans, including professionals, organizations, advocates, and consumers whose actions and interest affect the provision of oral health care services in lowa. Oral Health lowa intends to collaborate with all parties that have a sincere interest in the oral health of all lowans.



MEETINGS OF THE COALITION AND MEMBERSHIP

Full Coalition Membership: The full coalition will meet two times a year virtually.

Steering Committee: The Steering Committee will meet at a minimum on a quarterly schedule. Meetings will be monthly at the onset of the establishment of the committee for up to six months.

Coalition Committees: Various coalition committees will meet as needed and are permanent standing groups representing advocacy, water fluoridation, medical/dental integration, strategic planning and aging lowans. Committees can be dissolved by a vote of the majority of the Steering Committee membership.

Workgroup Committees: Workgroups will be shorter term and focused on a specific or narrowly defined issue or task. This may tend to be a more focused or immediate/urgent need.





MEMBERSHIPS

Individual Members: OHI will be comprised of a broad-based group of individual members. OHI welcomes all individuals who are interested in advancing the mission to "be a unified voice for oral health in lowa". Individual members will represent those involved in oral health provision, planning, policy-making, funding, dental and medical communities, educational programs, advocacy groups, insurance providers, state agency leaders, and private funders. There will be no fee to join OHI as a member. Individual members will be asked to identify topics/committees in which they have the most interest. Members may leave the coalition membership at any time by notifying the coalition coordinator.

Financial Supporters: Individuals, organizations or anonymous doners who are interested in supporting and advancing the mission of OHI may provide a financial donation. Financial contributions will assist in advancing policies and practices that increase access to oral health services, education, and prevention. Individuals and organizations will be recognized for being an OHI financial supporter. Financial supports will acknowledge that they will not work to undermine any of the coalition's priorities.

For more information please contact: Jaci Miller OHI Coordinator | oralhealthiowa@gmail.com.



NEXT STEPS

Oral Health lowa's structure does not need to be complex, but does need to be further developed to define roles, rules and procedures that are associated with leadership, member engagement and capacity.

Rules and Procedures

A foundation of the formalized structure has been outlines. However, these do need to be further defined to ensure fairness, consistency, promote productivity, reduce conflict and keep the coalition leadership focused on its scope and purpose. The following need to be address:

- Further define the structure of the coalition
 - Oversight and procedures for meetings.
 - o Form of decision-making hierarchy all can agree upon.
 - Elect chair of Steering Committee.
 - Role of the coalition coordinator
 - Operating procedures
- Review of steering committee member responsibilities.
- Determine responsibilities of committees and committee chairs.

Membership Recruitment

Outlining and implementing methods of additional membership recruitment are vital to the continuation and composition of Oral Health Iowa. The Steering Committee will need to brainstorm a list of possible members that have not yet joined Oral Health Iowa. Additional membership recruitment materials and methods need to be defined.