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# Foundations as Network Strategists, Weavers, and Managers: Learning From One Foundation's Journey and Results

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*Keywords: Health, oral health, leadership, networks, movements, systems change, collective impact, evaluation, learning, capacity building, population impact*

## Introduction

In 2000, the U.S. surgeon general released a landmark report calling attention to the risks of poor oral health for general health and well-being, labeling it a “silent epidemic” impacting disadvantaged groups across the country (U.S. Department of Health and Human Services, 2000). The report mobilized health professionals and advocates to improve the delivery of oral health services by launching clinics and expanding services into schools and other settings. While those efforts were thoughtful, well-meaning, and even innovative, none had significant national impact.

The DentaQuest Foundation, the nation's largest philanthropy focused solely on oral health, saw an opportunity to align and strengthen these efforts — and the leaders driving them — in service of a national movement. The foundation's approach is informed by several ideas that have gained momentum in the social sector, including collective impact (Kania & Kramer, 2011), networks (Monitor Institute & Grantmakers for Effective Organizations, 2011), systems change (Kramer, 2017), and equity (Philanthropy Northwest & D5 Coalition, 2014). All of these challenged the foundation to take a unique, nontraditional approach that combined the roles of network hub, weaver, and backbone organization.

Six years in, the Oral Health 2020 (OH2020) network has achieved notable results: developing dozens of oral health leaders across the country, creating new state partnerships connected to a

## Key Points

- This article shares insights from a five-year evaluation of the Oral Health 2020 network, an effort by the DentaQuest Foundation to align and strengthen efforts in service of a national movement to improve oral health. The evaluation helped to place the foundation's journey in the context of a broader field seeking new approaches to achieve deep and sustainable social change.
- The foundation's approach was informed by several ideas that have gained momentum in the social sector, including collective impact, networks, systems change, and equity — all of which challenged the foundation to take a nontraditional approach that combined the roles of network hub, weaver, and backbone organization.
- Six years in, the network has achieved notable successes, but along the way the foundation and its partners learned numerous lessons about what it takes to build and sustain a national network. This article shares those lessons, and also considers changes in federal policy and their implications.

national health improvement network, and contributing to tangible system and policy changes that include expansion of public benefits in more than 15 states. But these successes didn't come easily. The foundation and its partners learned numerous lessons along the way about what it takes to build and sustain a national network.

*The foundation recognized that achieving real change would require changing the systems that resulted in poor outcomes and disparities by gathering stakeholders, identifying root causes of these challenges, and working adaptively and collaboratively to shift norms, behaviors, policies, and resources.*

This article shares insights from a five-year evaluation of this effort, placing DentaQuest's journey in the context of a broader field seeking new approaches to achieve deep and sustainable social change. It also considers changes in the federal policy context and their implications.

### **Context: The Importance of Oral Health**

Oral health is part of overall health, and yet its importance is often unrecognized and underappreciated. As stated in a report from the U.S. Department of Health and Human Services (HHS) (2014), "Oral disease has an impact on physical, psychological, social, and economic health and well-being, often resulting in pain, diminished function, and reduced quality of life" (p. 3). The separation of the mouth from the body has been embedded in the cultures of medicine and dentistry for decades, and is reinforced through separate education programs, care delivery systems, and financing mechanisms (Hummel, Phillips, Holt, & Hayes, 2015). As a result, many Americans lack access to care — in part because oral health is not integrated with primary care services.

And yet, there is increasing evidence that oral health is connected to general health in important ways — poor oral health is associated with factors

that can lead to diabetes, cardiovascular disease, and respiratory disease, for example (HHS, 2014). Gaps in the prevention and experience of oral disease lead to profound disparities across populations. Oral health, therefore, is an important social justice issue that demands action.

The U.S. surgeon general's landmark report (HHS, 2000) noted that oral disease affects a person's lifelong health and well-being and that the most common dental diseases are highly preventable. In fact, the two most common oral diseases — caries and periodontal disease — are among the most prevalent chronic diseases and are largely preventable (Mertz, 2016). The report also included a framework for action that prioritized changing public perceptions regarding oral health, building the evidence base underlying prevention and treatment, building an effective health infrastructure that integrates oral health into overall health, removing barriers to service, and developing public-private partnerships to address disparities.

In response to the report, people and organizations across the country redoubled their efforts to address the nation's oral health — but real improvements were limited. As an Institute of Medicine and National Research Council (2011) report acknowledged, neither federal-level strategies nor charitable efforts had achieved a significant national impact:

Collectively, these and other efforts have temporarily mitigated some of the burden related to inadequate access to oral health care, but they have been insufficient in fully addressing existing challenges and underlying problems. What is lacking at present is a systems-level approach that can establish priorities among multiple and fragmented efforts and focus public resources on priority areas of need in the areas of service delivery, system capacity, and public health infrastructure. (p. 20)

### **A New Approach**

Though a variety of regional and state foundations address oral health, only a handful of national funders are focused on this issue. Within this context, the DentaQuest Foundation was in a unique position to coordinate and lead

a broader effort to improve oral health outcomes for low-income communities. The foundation, which had started out with a regional focus on New England, had experience trying to make improvements in oral health. Until 2009, it invested its resources primarily in building the capacity of community clinics to deliver oral health care, but the need was simply too great for these investments to make a substantial difference in the region. The foundation recognized that achieving real change would require changing the systems that resulted in poor outcomes and disparities by gathering stakeholders, identifying root causes of these challenges, and working adaptively and collaboratively to shift norms, behaviors, policies, and resources.

The foundation also viewed the 2010 passage of the federal Patient Care and Affordable Care Act (ACA) as a unique and critical opportunity for improving oral health nationwide. As stated in the foundation's 2011 strategic operating plan,

Implementation of health reform provides a unique window of opportunity to advance the cause of oral health. For the first time in history nearly every child in the U.S. will have access to affordable coverage for dental care. In addition, oral health must be included in new health initiatives for community-based prevention, awareness, and enhanced training programs for primary care providers. While these and other provisions of health reform have been defined in broad strokes, implementation details will be solidified over the next several years. We are positioned to play a vital leadership role in efforts to maximize health reform's impact on our industry through investments made to shape policy and funding to expand access to community-based care and prevention. (DentaQuest Foundation Strategic Operating Plan, 2011, p. 2)

## **OH2020 Strategy**

The foundation's strategy drew upon emerging theories in the social sector regarding how to bring about large-scale improvements in the nation's oral health. Central to its approach was the idea that networks, and state leaders with the skills and abilities to work effectively with diverse stakeholders, would be critical to the effort. Given the ambitious nature of its mission "improving the oral health of all," the

*In order to address the burden of oral diseases carried by millions of marginalized people, existing systems call for disruption.*

foundation's strategy emphasized four core components that unfolded over time: a focus on systems, development of state leadership, organization of a national network, and application of a strategic learning approach.

### *Focusing on Systems*

Drawing on lessons regarding the limitations of its early grantmaking, as well as emerging literature, the foundation decided to focus its efforts on systems change. Ralph Fuccillo (2016), the foundation's former president, outlined a convincing rationale for this focus:

The working [oral health] systems support an individual in need of repair, who can afford the help, and with a clinician who is well paid for their services. However, when measured against what is known through scientific, evidence-based and community-based research, the current systems fail to achieve to reach and/or provide quality care to millions of people. The field of oral health presents tremendous opportunities for systems transformation through innovative redesign of the way care is delivered, what it is designed to do, where it takes place, how it is paid for, who pays for it, and what outcomes it produces. In order to address the burden of oral diseases carried by millions of marginalized people, existing systems call for disruption. (p. 2)

Building on topical areas identified at an American Dental Association Access to Dental Care Summit (2009) and recent work by Donella Meadows (2008) and other systems thinkers, the foundation identified four interconnected systems impacting oral health — policy, finance, care, and community. It then defined the ideal state of each of these systems, and adopted them as a framework to guide its program strategies.

*States play a critical role in influencing both state and national oral health policy, a fact brought into even greater relief under health reform. A key challenge, however, was that state stakeholders hold a variety of ideas and agendas when it comes to oral health.*

- **Policy:** Laws, rules, and regulations dictate who has access to what coverage, care, and community-based services that support optimal oral health.
- **Finance:** While effective policy is essential to optimal oral health, it can have little impact without adequate funding and appropriate payment mechanisms at the federal, state, and community levels.
- **Care:** Providers (dental and nondental) and patients work together to effectively prevent and manage oral disease. An efficient and effective care delivery system, in which dental and medical providers work together to prevent and manage the chronic diseases of the oral cavity, is integral to attaining optimal oral health.
- **Community:** Without effective community-based supports — school-based prevention and screening programs, education campaigns, and service navigation programs, for example — the policies, funding, and care designed to promote optimal oral health will have little impact.

#### *Developing State Leadership Capacity*

States play a critical role in influencing both state and national oral health policy, a fact brought into even greater relief under health reform. A

key challenge, however, was that state stakeholders hold a variety of ideas and agendas when it comes to oral health. Some focus on the needs of publicly insured patients; others focus on the privately insured. Some emphasize children's health needs, while others advocate for the elderly, people with developmental disabilities, or low-income adults. Stakeholders come from a variety of contexts — private practice, safety net organizations, consumer advocacy, academia, government agencies; those contexts form their knowledge and shape their worldview.

The diversity of interests and perspectives that oral health stakeholders hold can be difficult to integrate and can at times create contention. Clearly, building trust and developing shared solutions are essential precursors to systems improvement. But who could lead such an effort? After scanning the landscape of players across multiple states, the foundation recognized that it would need to develop new leadership capacity to undertake state and national systems-change efforts. It partnered with the Interaction Institute for Social Change (IISC), a national nonprofit that specializes in helping individuals, organizations, and groups develop individual and collective capacity to achieve social change. Marianne Hughes, IISC's founding executive director, discussed the significance of investing in a leadership development approach: "A lot of folks [working in oral health] are clinicians, health care providers, and public health professionals. They weren't thinking of themselves as change agents and movement builders."

Foundation grantees were charged with engaging existing and nontraditional oral health stakeholders in developing and implementing a concrete plan to improve oral health in their states. (See sidebar.) Key capacity-building activities supported by the foundation and the IISC included national trainings, professional development webinars, and an online grantee community. Grantees had access to individualized supports, including IISC coaching and monthly meetings with foundation staff. And at the institute-sponsored Oral Health 2014 Inaugural Grantee Gathering, in November 2011, the IISC worked with grantees to develop capacities for

## Case Study: Maryland Dental Action Coalition

### **The Maryland Dental Action Coalition harnessed its collective energy, capacity, and resources to a common vision for oral health literacy, medical-dental collaboration, and oral health policy.**

In 2007, 12-year-old Deamonte Driver died from a preventable oral infection when bacteria from an abscessed tooth spread to his brain. Deamonte's story attracted widespread media attention, and his tragic death spurred the state of Maryland to action. The state's secretary of Health and Mental Hygiene convened an oral health taskforce, which led to the formation of the Maryland Dental Action Coalition (MDAC).

With a planning grant from the DentaQuest Foundation, MDAC created a diverse infrastructure that would reach beyond traditional oral health partners. The availability of funding, combined with technical assistance from the Interaction Institute for Social Change, led the coalition to include a wide range of partners.

Without the initiative, said former MDAC executive director Penny Anderson, inclusion of "nontraditional stakeholders was a piece that we would not have gotten to as quickly .... It really gave us a framework by which we were able to move forward significantly on the oral health plan." The coalition created programs to strengthen oral health in Maryland with a focus on three areas: literacy, medical-dental collaboration, and policy.

The network built through this work was critical to implementing Healthy Teeth, Healthy Kids, an oral health literacy campaign. A cornerstone of the state's work, the campaign was designed to improve oral health awareness and behaviors among caregivers of at-risk children throughout Maryland. According to MDAC staff, the coalition gained greater prominence and attracted more resources and opportunities for the state as a result of the campaign's successes.

The MDAC's second area of activity, medical-dental collaboration, emphasized a more integrated approach to addressing oral health issues. Relationships with many new and nontraditional partners created numerous opportunities for cross-sector work and the expansion of resources available to foundation grantees across the country. For example, the MDAC created a vetted list of oral health books aimed at children, and its staff has convened meetings of various professional groups and spoken to them about oral health.

These achievements bolstered the MDAC's policy work and encouraged the emergence of new champions in the state legislature. The coalition's consistent engagement of state lawmakers on oral health issues led to strong political relationships and, ultimately, important policy wins.

"The Maryland story was well known and [the foundation] helped us to continue [our] policy progress," Anderson said. "We were able to create new oral health champions and we had legislative successes."

The MDAC's policy achievements include an increase in Medicaid oral health coverage for children; the approval of the Public Dental Hygiene Act, which enables hygienists to work without the supervision of a dentist in certain settings; and an increase of \$4.4 million in Medicaid reimbursement funds in the governor's 2015 budget. Between 2009 to 2014 the number of dentists accepting Medicaid in the state more than doubled, from 649 to 1,354.



*As the foundation developed its knowledge about systems change and worked with the IISC to build state leadership capacity, it began to realize that more would be needed to shift existing systems in service of improved oral health for all.*

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facilitative leadership, characterized as the exercise of seven practices:

1. *See the whole.* Build and maintain connections and relationships with lots of people in order to understand and see the whole.
2. *Share an inspiring vision.* Inspire others to get involved through a clear and compelling vision.
3. *Focus on results, process, and relationships.* Understand that results are as important as how the work gets done (process) and the way people treat each other (relationships).
4. *Seek maximum appropriate involvement.* In order to gain broad-based buy-in, maximize the involvement of key stakeholders.
5. *Design pathways to action.* Provide a map of the road ahead; this creates confidence that the goal is attainable and supports success.
6. *Facilitate agreement.* Identify the agreements that must be made to realize breakthrough results.
7. *Be the change.* Inspire commitment to excellence and foster development of the leader in everyone. Listen deeply and engage stakeholders at all levels of the system in conversations that matter.

*Organizing a National Network*

As the foundation developed its knowledge about systems change and worked with the IISC to build state leadership capacity, it began to realize that more would be needed to shift existing systems in service of improved oral health for all. Together, the foundation and the institute began to think about how they might apply new thinking about network theory to this work. They posited that oral health systems would not change without multiple stakeholders from all parts of the systems coming together, as part of a network, to develop strategies and coordinate action. Furthermore, this network would need to play a movement-building role, raising national awareness of access to oral health as a social justice issue.

The foundation had been regularly bringing state grantees together to build capacity and support cross-state learning through in-person convenings, webinars, and an online community beginning with the initial cohort of 18 state grantees and expanding to a second cohort of 7 states. As this work took shape, the foundation saw an opportunity to evolve these resources into a more comprehensive network approach, where stakeholders could share successful strategies, brainstorm solutions to common challenges, and identify common priorities. According to DentaQuest Chief Impact Officer Brian Souza,

We knew that people were grappling with issues that had been solved in other places. The question was, “How do you create the infrastructure, expectations, and dynamics to have information-sharing take place in an easy way and to allow people to coordinate efforts across the country?” In time, it became clear that broadening participation to include national advocacy organizations and grassroots grantees could be a powerful method for achieving even greater impact within and across states.

With this in mind, the foundation officially launched Oral Health 2020, a national network designed to bring together national, state, and community-based change agents. In addition to investing in network convening and infrastructure activities, the foundation also made targeted

grants in service of network goals and strategies. The grants included support for development of information and data resources to inform advocacy for oral health inclusion in policy, background papers by national policy groups explaining the role of oral health in overall health, and learning communities about the role of oral health in community resources.

The combination of network support with strategic investments has catalyzed important momentum on issues and conditions that were previously viewed as intractable. In the words of fellow funder Katie Eyes, program officer at the Blue Cross Blue Shield of North Carolina Foundation,

Aligning with other communities and providing that community of practice nationwide has given [people] a greater sense that, “Wow, other states are doing this.” Prior to this, a lot of people [felt that they] had tried to create change in oral health five different ways and never made any progress. ... There is a new level of optimism based on the national-level connection.

Caswell Evans, DentaQuest Foundation board chair, expressed a similar sentiment:

This type of work is game-changing — it changes the standards and develops into something that had not existed before. ... By engaging nontraditional stakeholders who are skeptical, these stakeholders see that this work persists and that it is not only growing, but also makes sense.

### *Learning as Strategy*

Patrizi, Thompson, Coffman, and Beer (2013) advance the idea that in order to be good strategists, “Foundations need to become good learners and to position learning itself as a core strategy” (p. 52). The foundation recognized the value of learning and evaluation when undertaking complex, adaptive work, and hired a team from Harder+Company Community Research to evaluate its efforts beginning in 2011. The evaluation was designed to encompass all of the foundation’s work, and evolved to reflect shifts in its information needs, funding approaches, and maturation as an organization.

*In time, it became clear that broadening participation to include national advocacy organizations and grassroots grantees could be a powerful method for achieving even greater impact within and across states.*

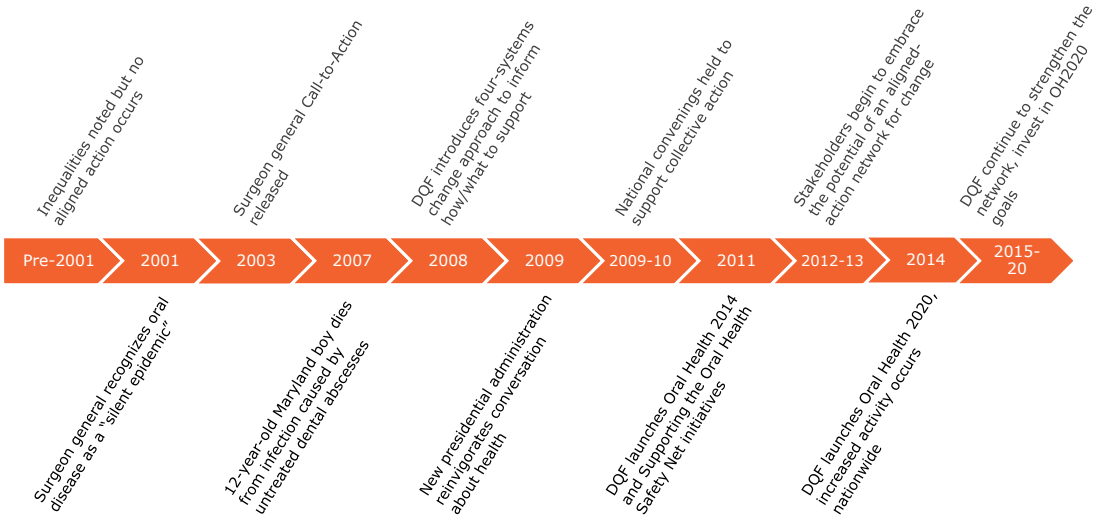
Early on, the evaluation focused on assessing theories of change for individual funding initiatives, incorporating best practices and insights from evaluations of leadership development and systems-change efforts. As the network approach became more of a driving force in this work, the evaluation team incorporated social network analyses, network member surveys, and mixed-method case studies to explore network connectivity, health, and results (Taylor, Whatley, & Coffman, 2015). As the network’s national goals took shape, the evaluation team developed a dashboard to track progress on interim and long-range national oral health indicators. While questions and methodological approaches varied over time, the evaluation maintained a sharp focus on strategic learning, and the relationship between foundation staff and the consulting team was a productive one (Kibbe, 2015).

### **Accomplishments at Year Five**

The foundation’s work has evolved substantially. (See Figure 1.) Five years in, an evaluation of the work pointed to a number of notable results (Harder+Company Community Research, 2012). For one thing, network members worked to create favorable conditions in their states for policy change. This included garnering more support for oral health by cultivating new champions and supporters and increasing awareness of oral health among policymakers.



**FIGURE 1** Oral Health Movement: Timeline of Key Events



*Relationships With Policymakers*

Through the foundation’s network approach, state alliances reached a large number of their policymakers. In March 2012, just one-fifth of the alliances reported that policymakers in their respective states had some level of oral health literacy. By the end of 2014, according to grantee reports, state alliances reported forging new relationships with almost 300 key influencers, including elected officials, Medicaid agencies, state advocacy groups, health insurers, and community health agencies. Of these new relationships, 27 percent consisted of creating oral health champions, 30 percent represented active supporters of oral health, and 42 percent were stakeholders with whom grantees were in conversation about oral health.

*Systems and Policy Change*

Foundation grantees also contributed to important systems and policy changes in their states. It can be challenging to attribute policy change to any one actor or action — such change typically results from the confluence of multiple efforts, and the windows of opportunity are emergent

and not always predictable. Through OH2020, states have strengthened their capacity to seize these opportunities, gained influence as voices for oral health, and catalyzed attention to the issue. Many states saw important wins in dental benefits, and nearly all of the state alliances bolstered their ability to support policy change. (See Figure 2.)

- Fifteen states supported the preservation or expansion of dental benefits. By 2014, a majority of grantee states experienced important successes: 10 states established, expanded, or preserved dental benefits for children; eight states did so for adults; and two states expanded dental benefits across all groups.
- Eleven states strengthened state-level oral health infrastructure. By 2014, 11 states reported stronger state-level leadership on oral health either through the establishment of a new state oral health director position or by filling an existing position with a dental professional; seven states reported either a newly established or updated oral health

**FIGURE 2** Systems and Policy Wins

States	AL	AZ	CA	CO	DC	FL	ID	MD	MI	MS	ND	NJ	OR	PA	RI	SC	VA	WV	
<b>Dental benefits</b>																			
Established, expanded, or preserved dental benefits for children																			
Established, expanded, or preserved dental benefits for adults 18-64																			
Established, expanded or preserved dental benefits for adults 65+																			
Included oral health in Affordable Care Act implementation																			
<b>Oral health infrastructure</b>																			
Established or updated state oral health plan																			
Strengthened state public-sector leadership on oral health																			
<b>Medicaid and/or Children's Health Insurance Program</b>																			
Increased reimbursement rates																			

Source: Harder+Company Community Research, 2016.

plan. Such improvements signal a renewed interest and prioritization of oral health at the state level.

- Seven states included oral health in the implementation of the ACA. In some states, dental benefits were included in the Medicaid expansion. In others, they were included in the Accountable Care Organizations, or groups of doctors, hospitals and other health providers who voluntarily come together to deliver coordinated, high-quality care to a defined patient population, that were formed.
- Four states established improved dental reimbursement rates. Dental and medical providers often cite Medicaid’s low reimbursement rates for oral health services as a significant barrier to servicing patients with coverage through Medicaid or the Children’s Health Insurance Program (CHIP). Changing rates is a complex process that involves buy-in from many different stakeholders; nevertheless, four states reported increases to reimbursement rates under Medicaid and/or CHIP.

In addition, a comparative analysis conducted by Harder+Company that examined service utilization among children in states that received significant foundation funding states versus those that didn’t suggests that foundation support played a positive role in helping to secure systems and policy wins. Early and Periodic Screening, Diagnostic, and Treatment data provide detailed reports of the dental services

received by children enrolled in Medicaid in each state, including the proportion of children ages 0-5 who accessed oral health services from nondental providers. Although states receiving foundation funding started off with lower average proportions of children accessing oral health services from a nondental provider overall, the data depict an increase in children’s utilization of services. In contrast, utilization of oral health services from nondental providers decreased in states without foundation funding (Harder+Company Community Research, 2012). While it is not possible to link these changes to the efforts of foundation grantees specifically, the trend is consistent with the growing support in funded states for interprofessional collaboration, and the provision of oral health services by nondental providers.

*Robust National Network*

Today, the OH2020 network includes more than 1,000 participants from across the country, including foundation grantees as well as individuals and organizations that do not receive any foundation funding. Four hundred network members attend annual national convenings and numerous others participate in regional network meetings. According to a survey of network members conducted in 2016, members are actively engaged in the network and looking for even more opportunities for engagement (Harder+Company Community Research, 2016). For example, the vast majority (89 percent) of respondents agreed or strongly agreed that OH2020 network members are achieving more together than they could alone and, as members,

they are committed to continuing their participation in the network (94 percent). The majority of respondents also agreed or strongly agreed that network members share a common purpose for the network (84 percent); members have identified strategic goals and objectives for the network (81 percent); and network plans reflect network goals (77 percent). Network members expressed interest in additional peer-learning opportunities (47 percent) and additional communication mechanisms.

## Lessons: Supporting a National Health Network

While the successes discussed above speak to the potential value of systems change and network approaches, they did not come easily. The foundation and its partners learned numerous lessons along the way about what it takes to build and sustain a national network focused on systems change. This section outlines key factors that proved critical to the success of this work.

### *Importance (and Challenge) of Evaluation to Driving Success*

The foundation recognized that its approach to social impact was both ambitious and complex, and therefore having an evaluator on board that could provide strategic feedback and assess progress would be critical. It commissioned Harder+Company Community Research to evaluate its efforts and serve as a thought partner to the foundation and its partners. The evaluation played a critical role in helping foundation staff to assess effectiveness of its programming and to identify opportunities to make strategic shifts in its approach. For example, early evaluation activities focused on how to support grantees in bringing fragmented stakeholders together. As the community of practice among state grantees developed, the evaluation provided process feedback and captured improvements in state leadership capacity. As the network broadened, the evaluation supported the identification of network goals and developed a dashboard to measure both near- and long-term progress. (See Figure 3.) Currently, Harder+Company and Engage R+D are supporting OH2020 and

the foundation to assess network health and sustainability.

It can be tough for foundations executing long-term network and systems-change strategies to see how far the work has come and where it needs to go next. The evaluation played an important role by asking hard questions about the funding strategy, helping to illuminate progress, and supporting education of the board and other stakeholders about the long-term nature of systems change. Many network evaluations focus exclusively on process: Who participates in the network? How healthy is it? However, the foundation's board and staff were clear from the beginning that process results alone would not be sufficient. Therefore, the evaluation incorporated explicit attention to systems and policy outcomes attributable to the work of grantees and network members. This dual focus of learning and accountability was challenging to balance at times, but it was critical to the success of the work. The foundation's openness to critical feedback and willingness to evolve its approach in response to evaluation findings was also an essential enabling factor.

### *Network-Building Insights*

Some funders are attracted to network and collective-impact strategies because they believe such approaches make it possible to do "more with less" in terms of funding. However, the foundation's experience suggests that network building demands a deep commitment of time, energy, and resources to realize long-term, sustainable impacts. Indeed, the foundation devotes 30 percent to 40 percent of its programming investments to network infrastructure and support, while the remainder is dedicated to grantmaking in service of network goals. Network infrastructure and support includes costs associated with convening grantees at regional and national meetings (i.e., meeting design and facilitation, event space, participant lodging and travel costs), coaching and technical assistance provided by the IISC to grantees, and virtual interaction mechanisms such as a robust social network, Sociuous connections, and webinars. It also includes resources for organizations playing key network leadership roles as well as

FIGURE 3 Oral Health 2020 Dashboard

Goal	Measurement	Interim Progress
<p><b>85% of children reach age 5 without a cavity, while closing disparity gaps.</b></p>	<p><b>More children reach age 5 without a cavity, but disparities still exist.</b></p>  <p>Children ages 2-5 without caries</p> <p>Children ages 2-5</p> <p>Goal</p> <ul style="list-style-type: none"> <li>1999-2004</li> <li>2011-2012</li> </ul>	<p><b>6% of children ages 0-5 in Early and Periodic Screening, Diagnostic, and Treatment sample received oral health services from a dental provider.</b></p>
<p><b>10 largest school districts have incorporated oral health into their systems</b></p>	<p><b>The 10 largest school districts provide a range of oral health services.</b></p> <ul style="list-style-type: none"> <li><b>Oral health education.</b> All 10 of the largest school districts and their partners provide some level of oral health education to targeted school students.</li> <li><b>Screening.</b> All 10 of the largest school districts and their community-based oral health partners provide oral health screening to students in targeted high-risk schools.</li> <li><b>Preventive services.</b> All 10 of the largest school districts provide level of oral health preventive services in targeted schools to students with a parent consent.</li> <li><b>Referrals.</b> All 10 of the largest school districts and their partners provide referrals to community-based oral health providers for those students in the largest schools who are screened and identified as being in need of oral health care needs.</li> </ul>	<p><b>The School-Based Health Alliance is working to create a respectful, shared learning space for the 10 largest school districts to support their work toward the goal of all 10 districts incorporating oral health into their systems.</b></p>
<p><b>At least 30 states have an extensive adult benefit.</b></p>	<p><b>16 states have extensive benefits for adult Medicaid recipients.</b></p>  <p>Coverage has increased in 13 states to care for all Medicaid recipients since 2014.</p> <ul style="list-style-type: none"> <li>16 states provide extensive benefits.</li> <li>18 states provide limited benefits.</li> <li>13 states provide emergency benefits.</li> <li>3 states provide no benefits.</li> </ul>	<p><b>Work to expand Medicaid dental benefits continues. As of July 2016, five states are working to expand benefits.</b></p>
<p><b>Medicare includes an extensive dental benefit.</b></p>	<p><b>Medicare does not include an extensive dental benefit.</b></p> <p>However, advocates are working toward milestones that will culminate in the introduction of a bill in Congress. Work is underway to:</p> <ul style="list-style-type: none"> <li>• Convene a broad group of stakeholders to develop and execute strategy to reach this goal.</li> <li>• Define the benefit.</li> <li>• Identify the core leadership team to champion the bill.</li> <li>• Launch a media campaign to increase awareness about the need for a Medicare dental benefit and garner widespread support.</li> <li>• Identify and recruit a legislative champion to introduce the bill in Congress.</li> <li>• Get legislation authorizing a dental benefit in Medicare introduced and work to cultivate advocates for the implementation and funding of the legislation.</li> </ul>	<p><b>National symposium participants explored approaches to including oral health in Medicare, shared consumer, faculty, clinician, and advocate what it would take to advance a political campaign for an oral health benefit in Medicare.</b></p>
<p><b>Goal</b></p> <p>A national and state-based oral health measurement system in place</p>	<p><b>Measurement</b></p> <p><b>Steps being taken to establish a comprehensive measurement system</b></p>  <p>2015: Prime users of data were surveyed to identify priorities and challenges.</p> <p>2017: A measurement matrix for establishing common measures was developed.</p> <p>2020: Develop comprehensive oral health measurement system</p> <p>Phase 1 (2015-2017): Develop definition of guidelines on health measurement</p> <p>Phase 2 (2017-2020): Develop comprehensive oral health measurement system</p>	<p><b>Interim Progress</b></p> <p>The foundation and its grantees are developing action plan to develop a measurement system that addresses advocates and providers' measurement priorities.</p>
<p><b>50% of emerging person-centered care models.</b></p>	<p><b>Measurement</b></p> <p><b>Oral health is integrated into at least 35% of person-centered care and financing models.</b></p>  <p>Person-centered care and financing models</p> <p>Comprehensive Medicare benefits are possible.</p> <p>Goal</p> <ul style="list-style-type: none"> <li>2014</li> <li>2015</li> </ul>	<p><b>Interim Progress</b></p> <p>Stakeholders report that change in practice among primary care providers to include oral health screening, education, and referrals is an ongoing challenge, with more work needed.</p>
<p><b>Goal</b></p> <p>Oral health is increasingly included in health dialogue and public policy.</p>	<p><b>Measurement</b></p> <p><b>100% of social media posts had a neutral or positive tone.</b></p>  <p>Negative &lt;01%</p> <p>Neutral 65%</p> <p>Positive 35%</p>	<p><b>Interim Progress</b></p> <p>Grassroots grantees report that:</p> <ul style="list-style-type: none"> <li>• Community members face major barriers to accessing oral health services.</li> <li>• Community members need more support to engage in recommended oral health behaviors.</li> <li>• Compared to children, adults face more limited access and coverage.</li> <li>• There is potential in addressing oral health as an issue of equity and social justice.</li> </ul>
<p>Produced by Harder+Company Community Research for the DentQuest Foundation, 2016</p>		

*When working with such a large group of members, building network alignment, capacity, and connection are critical challenges, as is managing the flow of information within the network.*

dedicated time for foundation to support network weaving.

It is worth noting that a national network requires a different level of infrastructure investment, not to mention creativity, compared to a local or regional network. When working with such a large group of members, building network alignment, capacity, and connection are critical challenges, as is managing the flow of information within the network. Below are lessons and insights on these topics based on the foundation's experience.

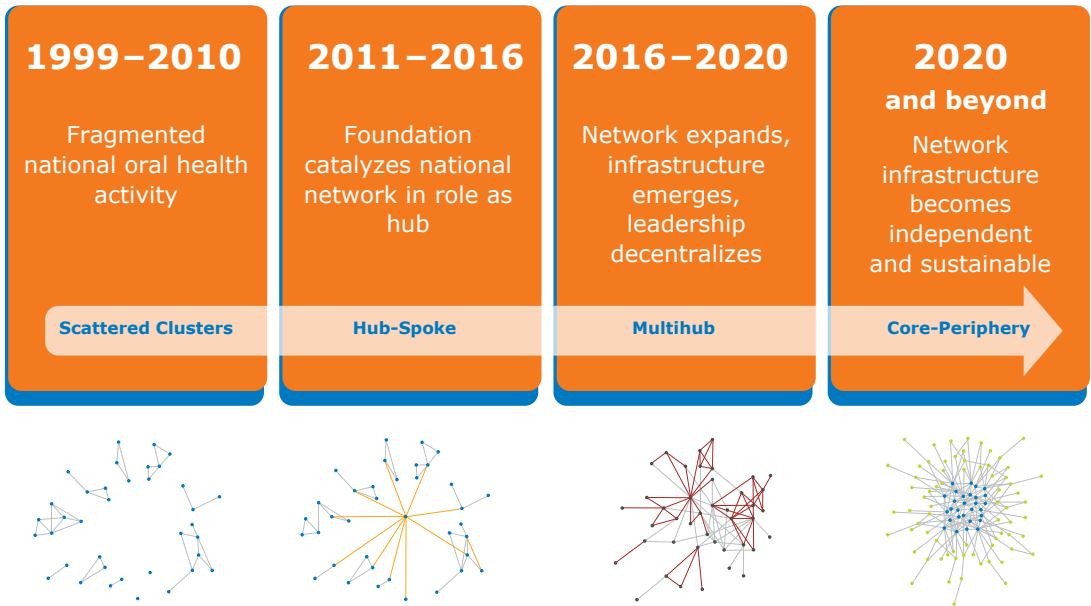
- To facilitate alignment, or common understanding and agreement across stakeholders, it is important to clearly articulate the network purpose and why it matters, both for members and the broader public. Having a set of unifying goals and targets was crucial for working in a national context in which members can feel disjointed due to differences in regional culture and contexts. Identifying these, however, took time and an inclusive process built on mutual trust across stakeholder groups. This stands in contrast to philanthropic initiatives that set large goals from the outset, without grantee and outside stakeholder involvement.
- Attention to the kinds of capacity network members needed in order to be effective also proved critical. The IISC played a central role in building the capacity of members to engage in open thinking and collaborative planning, two essential skills

for network success. Over time, however, it became clear that members also needed to understand technical policy issues, strategic communications, and issues of racial equity in order to be effective in their systems work. To address this, the foundation and the IISC brought in external experts to advise the network on policy issues, train people in strategic communications, and deepen its work on racial equity. This work was highlighted in a report by Putnam-Walkerly and Russell (2016) looking at foundations that have embraced equity as a central focus of their work.

- Building and maintaining strong member-to-member connections requires constant cultivation as network membership grows and changes. Connection requires a deep belief that the density of relationships within the network is not only the unit of change and a measure of success, but the very ground from which right and collective action emerge. In-person meetings, with time set aside for building authentic relationships, has proved essential, especially for bridging potential divides within the network among national, state, and community stakeholders. Virtual-engagement mechanisms allow individuals to nurture and maintain these relationships.
- Managing the flow of information throughout the network was also a challenge, given its geographic dispersion. The use of a virtual platform, first on Basecamp and now on Socius, has been an essential support for this work, but one that has required active management by foundation staff to be effective. Staff have continuously educated new members in how to use the technology; resolved frustrations, such as over-posting, common to virtual platforms; and intentionally modeled the types of communications that stakeholders value.

Two final lessons from this work: Be explicit about the type of network you are building, and determine how to support its evolution through various stages of development. The

**FIGURE 4** Evolution of the Oral Health 2020 Network



IISC’s network management approach was strongly influenced by new thinking in the field about different types of networks (i.e., connectivity, alignment, and action) (Plastrik, Taylor, & Cleveland, 2014). The OH2020 network is an alignment network in which individuals are strategically aligned under a shared-identity and collective-value proposition. Recognizing the stage of a network — scattered clusters, hub and spoke, multihub, or core-periphery — is also critical when it comes to supporting a network in advancing to its next stage of development (Krebs & Holley, 2006). The foundation, the IISC, and Harder+Company worked closely together to map and understand progress throughout the various stages. (See Figure 4.)

*The Foundation as Network Strategist, Weaver, and Manager*

At its best, philanthropy can catalyze important innovations that significantly improve people’s health and well-being and redress historical inequities. At its worst, philanthropy can be experienced as undemocratic, self-aggrandizing, and distant from community realities. Working in a

network context requires funders to operate in dramatically new ways, at times challenging typical norms and practices. In the words of thought leader Diana Scarce,

Funders know they need big platforms with diverse players to tackle the complexity of 21st-century problems. They also know that to do this work well they need to act as conveners, champions, and matchmakers, connecting people, ideas, and resources — in addition to getting money out the door. This means investing in more than discrete programs and more than individual organizations. It means catalyzing networks. (Monitor Institute & Grantmakers for Effective Organizations, 2011, p. 2)

A key component of catalyzing networks is to provide the backbone infrastructure support necessary to strengthen the collective impact of the network. Backbone infrastructure promotes the common agenda, shared measurement, reinforcing activities, and communication that gives rise to network impact (Kania & Kramer, 2011). In order to support the developing OH2020 network to create a backbone infrastructure, the DentaQuest Foundation defined a staff position



## *The director of network strategy focuses solely on supporting the development of the connection, engagement, and impact strategies of the network.*

of manager and then director of network strategy. The director of network strategy focuses solely on supporting the development of the connection, engagement, and impact strategies of the network. Those strategies included three series of grants to engage and support the network. First, a series of small grants to multiple organizations allowed their staff the time to participate in network connection teams and work groups that addressed backbone issues, such as communication, sustainability, and governance structure. Second, the foundation provided grant investments to three network organizations to support their capacity to allow their staff to partner with the foundation and focus almost exclusively on supporting the network infrastructure, work groups, and convenings at the national, regional, and local levels. Those positions formed an important link between foundation staff and the network membership. A third series of grants provided small amounts of investment in organizations to support staff participation as statewide representatives and community-based, grassroots representatives from the 50 states and the District of Columbia. Together those investments support a core network-member capacity to keep the momentum and growth of the network vibrant.

The foundation takes its role in supporting the network seriously, recognizing that it must authentically model a “network mindset” and style of leadership that embraces openness, transparency, and decentralized decision-making. This mindset can upend many of the norms and traditional operating procedures of foundations. For example, the foundation worked with network members to establish campaign goals and to develop the drivers and strategies that

could bring about positive change. It invites and incorporates broad network input into its grant investments, rather than setting these internally behind closed doors. The foundation has also embraced new forms of grantee reporting that prioritize the creation of products that funded organizations can use to report to their stakeholders, tools the field can use to advance campaign goals, or efforts to raise awareness about the importance of oral health issues for the public and other funders. This work has required staff to reimagine traditional foundation processes and develop creative strategies designed to mitigate power dynamics endemic to funder-grantee relationships.

To operate effectively as network strategists, weavers, and managers, it was essential for the foundation to build and maintain the commitment of its board for this type of work. Like those at many foundations, DentaQuest’s board has been composed of individuals from a variety of professional backgrounds. Some members had extensive experience in the social sector; others had more limited experience. When foundation leaders shifted the programming focus to systems change using a network approach, they wisely recognized the importance of educating not only staff, but also board members. Other foundations considering this type of role and work should carefully consider what resources and supports are necessary to gain and maintain board buy-in. The DentaQuest Foundation used a variety of strategies to cultivate support: having board members read seminal field thought pieces, bringing in outside experts that could speak credibly about the value of network approaches, recruiting members that could champion these strategies among their peers. Inviting board members to participate in network-related events firsthand and sharing stories that exemplified the impacts of this approach also helped the board to “see” and “believe” in these approaches.

### **Current Questions**

The foundation is proud of what the OH2020 network has accomplished, but recognizes that its work is not done. While much progress has been made these past five years, more aligned

action is needed to achieve and sustain the significant policy and systems needed to improve the oral health of the American people. The foundation is also grappling with how to help OH2020 achieve its next level of development as an independent and sustainable network. The foundation has served as a hub for the network, working with the IISC to manage it and to develop infrastructure that enables important work to get done. Progressing to the next stage of network development, however, will require a transfer of leadership and management to network members along with the creation of multiple hubs supported by diverse funding sources. Over the coming years, the foundation will be considering whether the network is strong and stable enough for it to begin stepping back. This requires thinking about what kinds of structures and supports the network will need moving forward, and what role is appropriate for the foundation in a changing context.

Another challenge facing the network is the changed political landscape, including the proposed repeal of the ACA. The network is already considering the implications of these shifts; members are monitoring changes in policy and community health, and adapting their messaging and tactics to reflect a new context. While the current environment certainly poses new challenges, the network positions oral health stakeholders to better affect change compared to 2010, when they were scattered throughout the country with few mechanisms to coordinate their work and little agreement on basic priorities. What's clear now is that the network has the strong and enduring commitment to improving the oral health of all Americans that will be essential to forward progress.

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