

# It Takes a Village to Prevent Tooth Decay

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**Dignity Health**<sup>™</sup>

Chandler Regional Medical Center



**FIRST THINGS FIRST**

*Ready for School. Set for Life.*





# Dignity Health

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Hello  
humankindness™

40+ hospitals and care centers in California, Nevada and Arizona

Chandler Regional  
Mercy Gilbert  
St. Joseph's  
St. Joseph's Westgate  
Barrow Neurological  
Institute.

# Dignity Health, Chandler Regional Medical Center

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Why is a hospital involved in oral health?

Community Health Needs Assessment  
Feedback from Community Partners  
Fit with existing outreach services  
Need identified  
Innovative model

# Oral Health Services at Dignity Health

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- 2006 Oral health screenings and fluoride varnish added to existing clinics
- 2008 Affiliated Practice dental hygiene model  
Prevention services
- 2009 First Things First Oral Health Initiative

# Systems Thinking Approach

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Stakeholder convergence

Collective Impact

Shared resources

Development of Best Practices

# Dignity Health Early Childhood Oral Health Program

## Our Team

1  
RN

2  
RDHs

2  
Educators

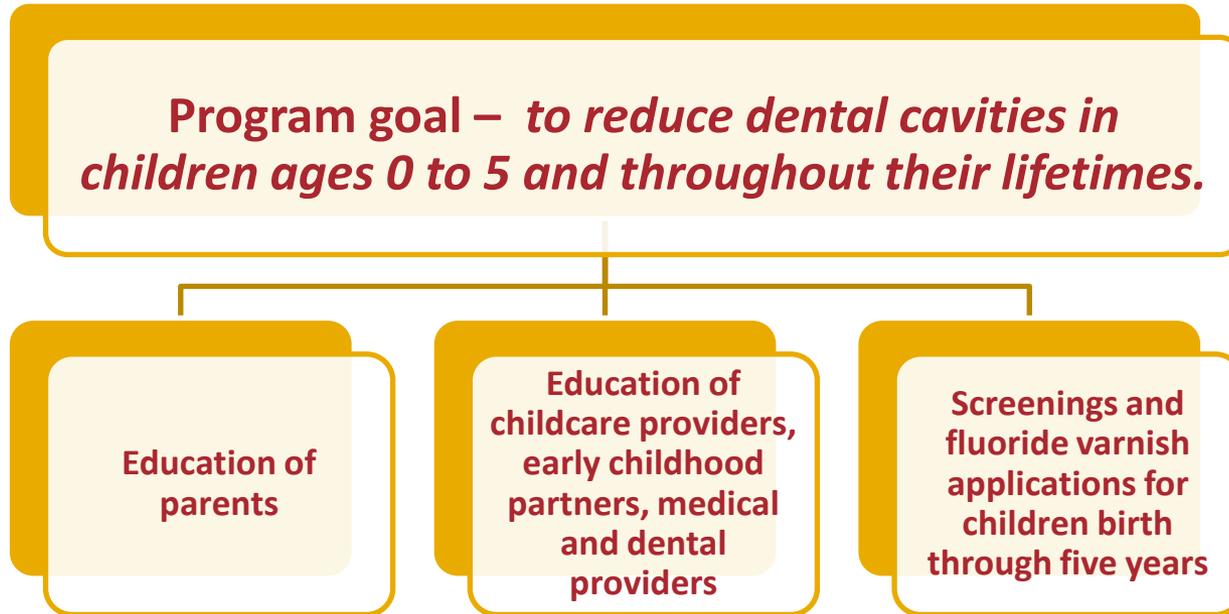
1  
Coordinator

1  
Manager



# Early Childhood Oral Health Program

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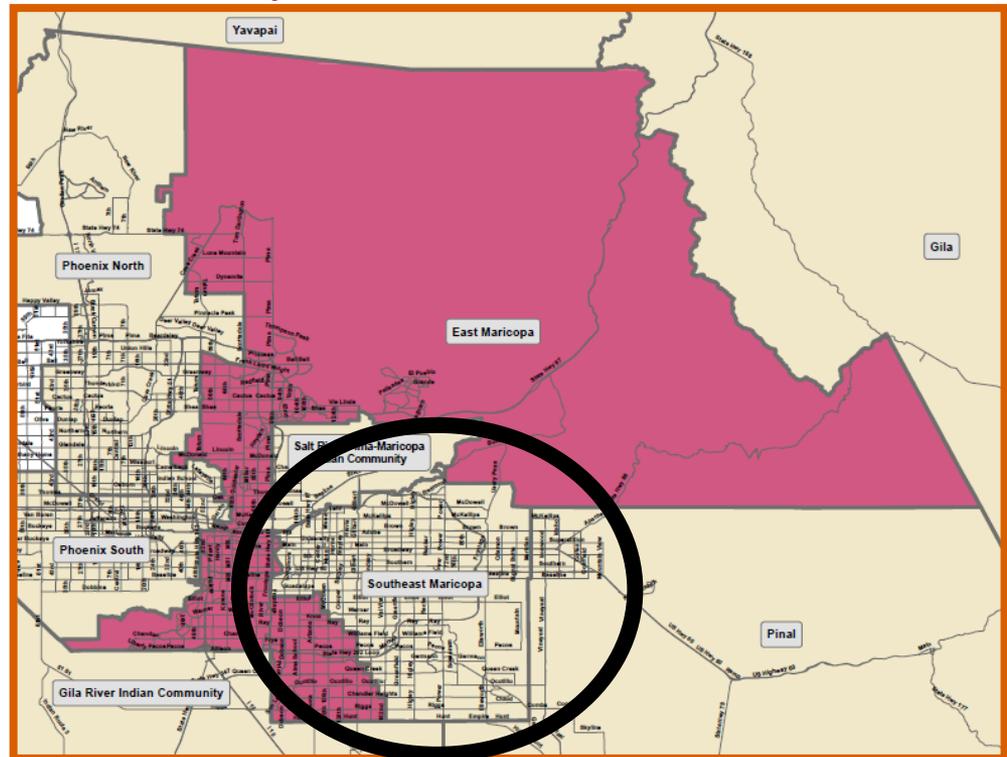
**Dental home by age 1**



# Early Childhood Oral Health Program



- Funded by First Things First
- Southeast Maricopa Regional Partnership Council
  - Gilbert, Mesa, Queen Creek
- East Maricopa Regional Partnership Council
  - Tempe,
  - Chandler
  - Guadalupe
  - Ahwatukee



# Why Is It Important?

Tooth decay is the most common chronic disease of childhood.

25% of children between 2 and 5 years old have untreated tooth decay

Kids miss more school days due to dental conditions than they do because of the flu

American Dental Association



White Spots – Early ECC



Moderate ECC

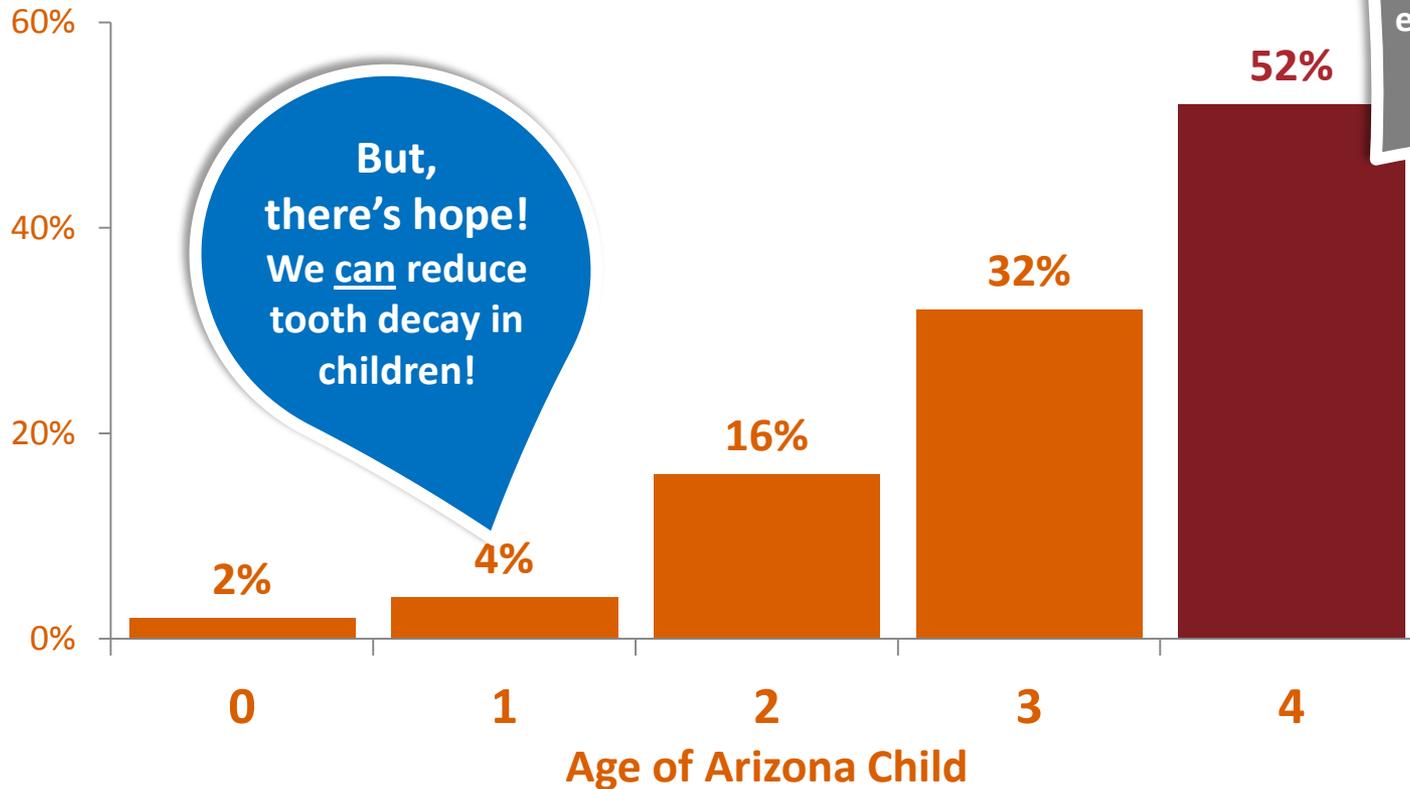


Advanced ECC

# What's Happening in Arizona

## Tooth Decay by Age

\*Arizona Department of Health Services



But,  
there's hope!  
We can reduce  
tooth decay in  
children!

By 4, more than  
half of all Arizona  
children will have  
experienced tooth  
decay.

# But They Are Just Baby Teeth ...

## Fact:

Children retain baby teeth until ages of 10-12 years

Needed for chewing and speech development

Placeholders for adult teeth

Better adult oral health

90% of brain development between birth and age 5.

Children can't learn effectively if in pain



# How Do Screenings and Fluoride Varnish Help?

## Screening

Catch problems early

Early intervention is less costly and less painful

Opportunity to teach good oral health habits, nutrition

Encourage establishment of Dental Home by age one

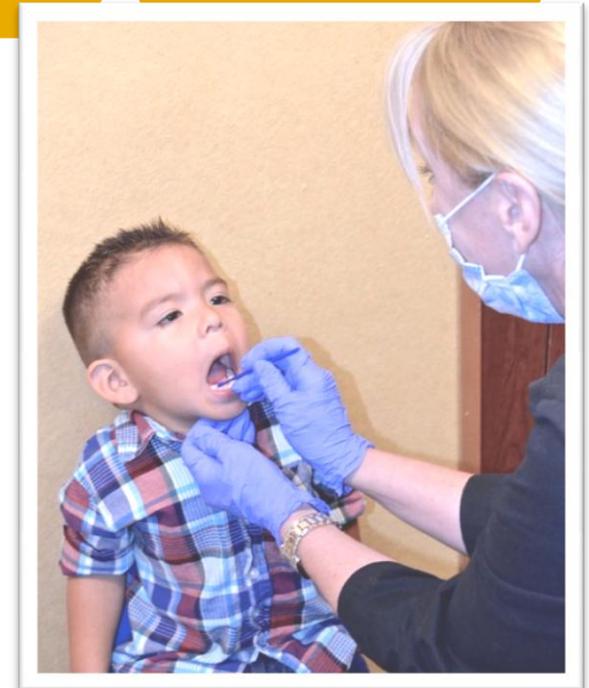
## Fluoride Varnish:

Protective coating painted on teeth

Help to stop progression of early cavities

Reduces decay up to 35% when applied regularly

Safe for babies, children and adults



# Where Do We Provide Services

Childcare  
Centers  
Preschools

WIC Offices

Childbirth  
Preparation  
Classes

Parenting  
Groups

Preschools

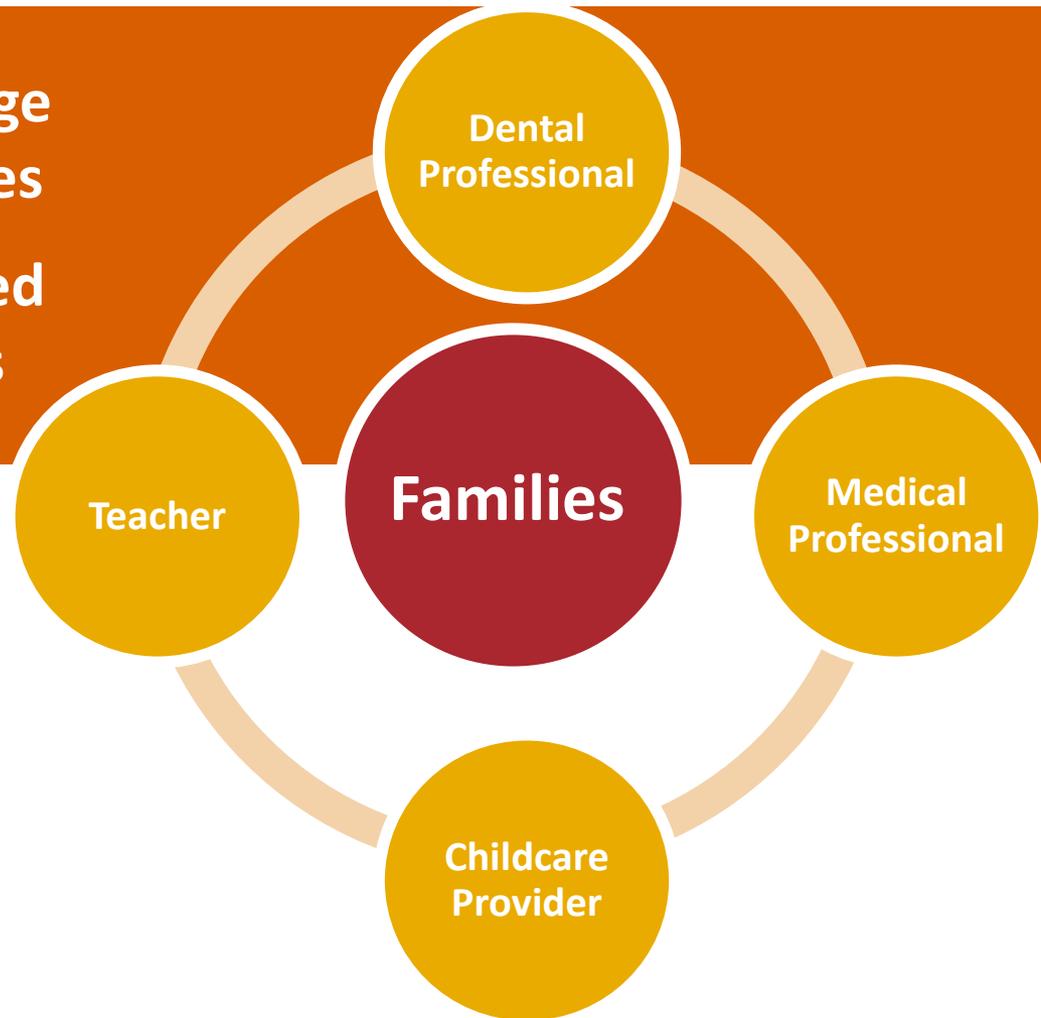
Immunization  
Clinics

Health Fairs



# Why A Systems-Based Approach

- Frequency of message from multiple sources
- Message from trusted individuals/agencies



# Community Impact (since 2010)

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16,664 oral screenings

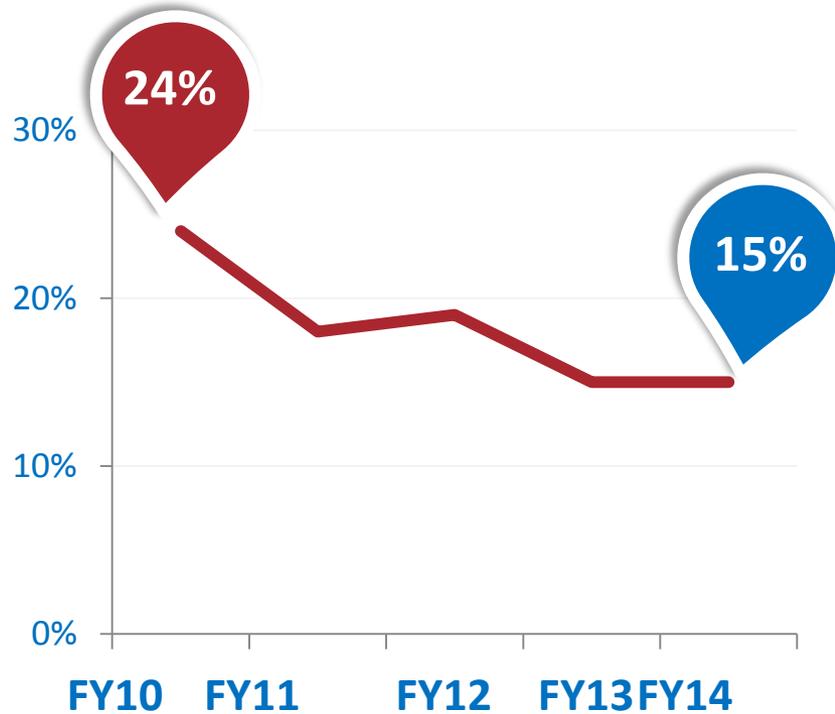
14,850 fluoride varnish

64,000 education/dental supplies

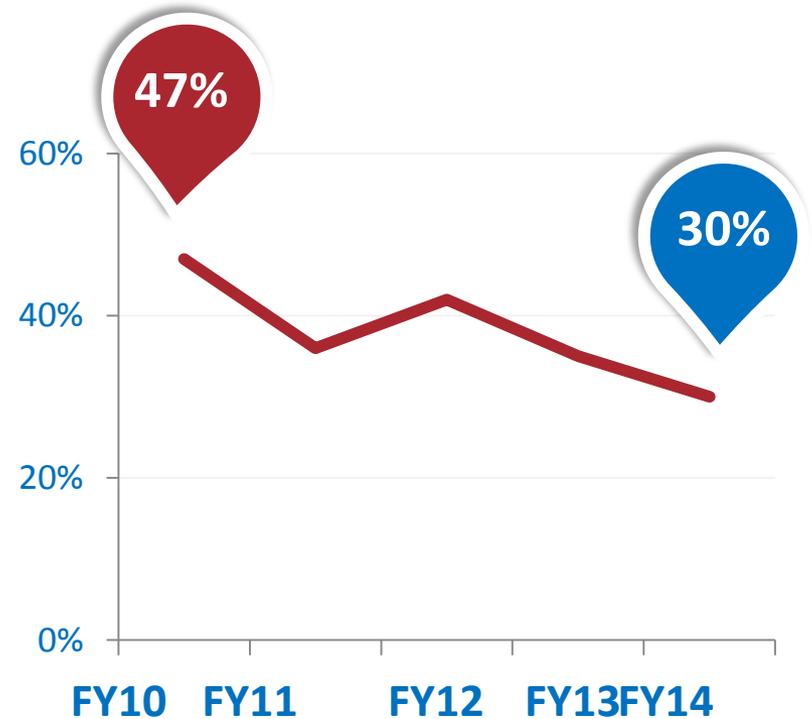
1,932 professionals

# Improvement in Health Status Indicators

## Percent of children with untreated tooth decay



## 4 year olds who have never visited a dentist



# Our Major Partners

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Childcare, Preschool, Head Start

Pedodontist

General Dentist

Pediatrician

Midlevel Provider

**Childcare  
Center**

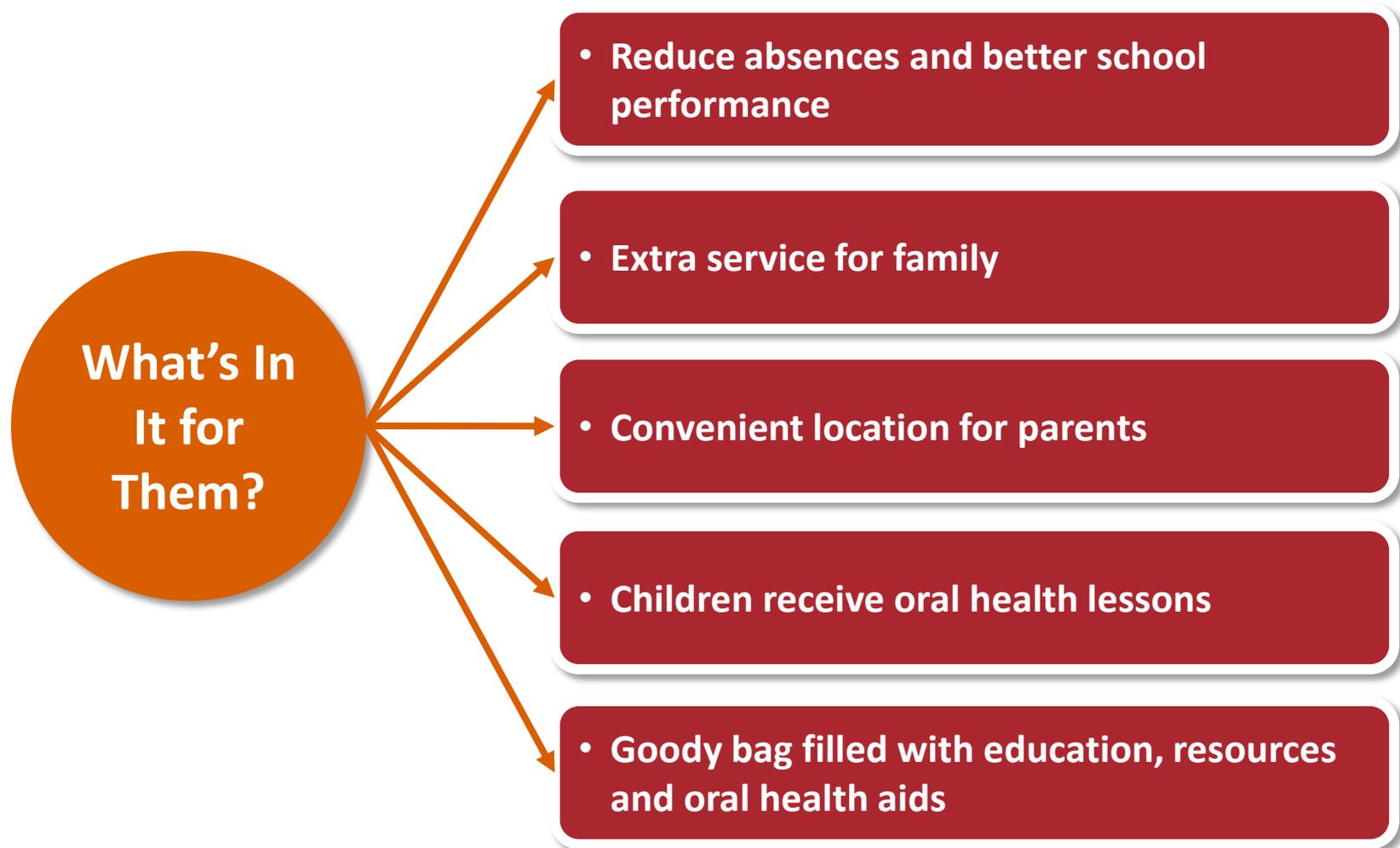
**Preschool**

**Head Start**



# Childcare Center / Preschool / Head Start

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# Childcare, Preschools, Head start facilities

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## How Did We Find Them

- **FTF Quality First Providers**
- **Zip code maps**
- **Googled names and locations**
- **Phone calls**
- **Dropped in with information**

## What Did We Do For Them

- **Fluoride varnish and screening for those with signed consent forms**
- **Interactive lesson for children in each classroom**
- **Goodie bags for ALL children to take home ( education materials, local dental referral guide, and oral aids).**

# Preschools, Childcare, and Head Start



# Pedodontist



# What is the specialty of a Pedodontist?

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**Two extra years of training after General Dental Degree**

**Expertise with babies, children, teens, special needs, and the very fearful child**

**Authority on complicated dental treatment plans**

**Knowledge of safe sedation medication for children**

**Trained to work along side an Anesthesiologist**

**High Risk Children: Ask Dentist if they have 2 year training**

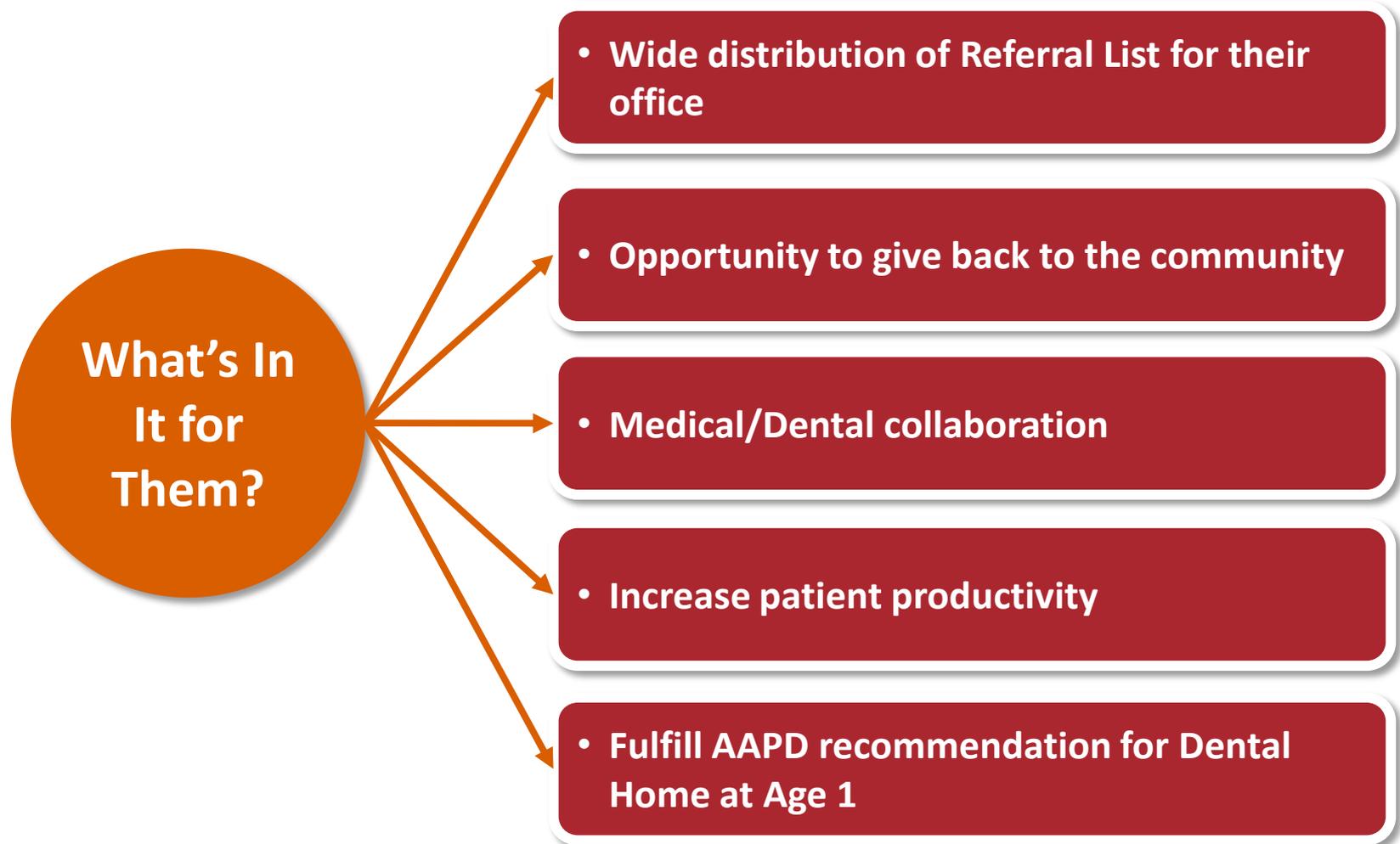
**Facility designed specifically for children**

# Urgent Referrals



# Pedodontist

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# Pedodontist

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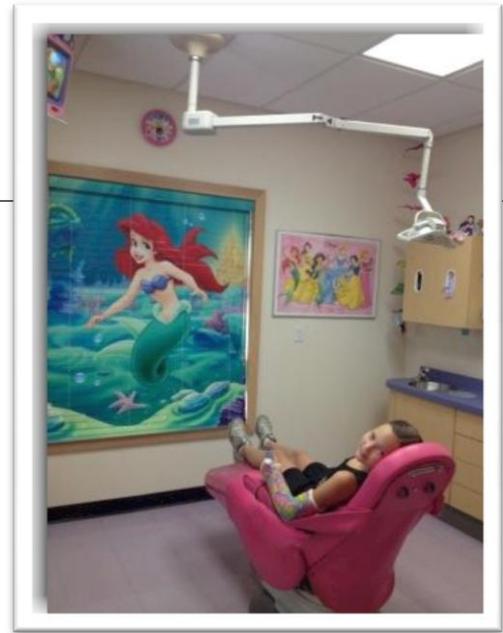
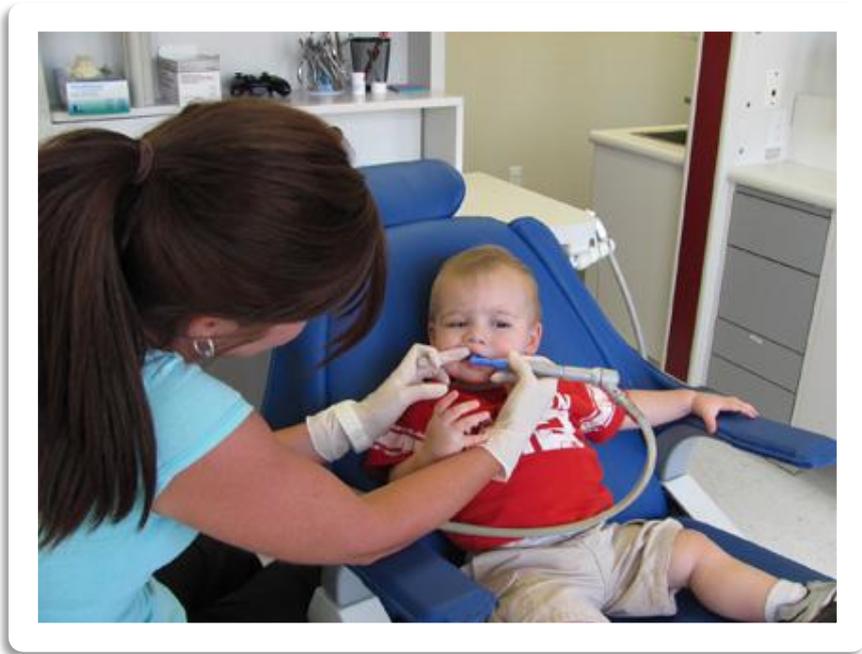
## How Did We Find Them

- **Googled search of Pedodontist in our zip codes**
- **Mass mailed partner letter**
- **Cold called followed by appointment**
- **Brief meeting: program explanation and how they fit into the village**

## What Did We Do For Them

- Continued to get the message out, Dental Home By Age One!**
- **Parental education one on one with parents**
  - **Listed on Dental Referral guide contained in take home goodie bags**
  - **Parent and Professional presentations**

# Pedodontist



# General Dentists



# General Dentist

- General Dentist comprise 80% of dental community
- Only option in rural areas

What's In It for Them?

• Strategies to work with babies & young children and pregnant mothers

• Dental home for age 1 (increase new patients)

• Collaboration with Pediatricians in the area

• Continuing education credits for the dentists and hygienists.

• Lunch for the whole staff

# General Dentist Lunch and Learn

*Early Childhood Oral Health Prevention Program Presents:*

## Lunch and Learn

### Baby Oral Health Presentation

The goal of the Baby Oral Health Presentation is to increase awareness of our Early Childhood Oral Health Prevention Program whose focus is to educate the community on the importance of infant, and toddler oral health. Our program will provide staff with strategies for working with young children and developing your practice as a dental home.

- Who would benefit from attending? All dental staff and dentists
- How long does it take? Only one hour and lunch is provided
- What tools will I receive? The NCBOHP kit includes DVD, oral health questionnaire and an educational flip chart
- Will I be provided with Continuing Education Credit? Yes for dentists, hygienists and assistants

Contact Laurie Clark, R.D.H., Karen Felty, R.D.H. or Nancy Tolman, R.N. at (480) 728-3849.



First Things First, approved by Arizona voters, works to ensure that our youngest children have access to quality early childhood experiences so they will start school healthy and ready to succeed. For more info about First Things First, visit [AZFTF.gov](http://AZFTF.gov).

ATSU ASDOH is an ADA CERF Recognized Provider. ADA CERF is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERF does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. ATSU ASDOH designates this activity for 1 (one) continuing education credits.

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERF) through joint efforts between ATSU ASDOH and Dignity Health.



# General Dentist

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## How Did We Find Them

- Face to Face drop in with information on lunch & learn flyer
- Must be RDH or RN
- Initial contact via phone or email did not work.

## What Did We Do For Them

### **Presentation at location**

- NC BOHP oral health educational kit
- Text4baby
- Infant oral aids
- Tooth Fairy Book
- Babies cry, it's ok!
- Lap Exam
- Bring new information and trends for babies and young children

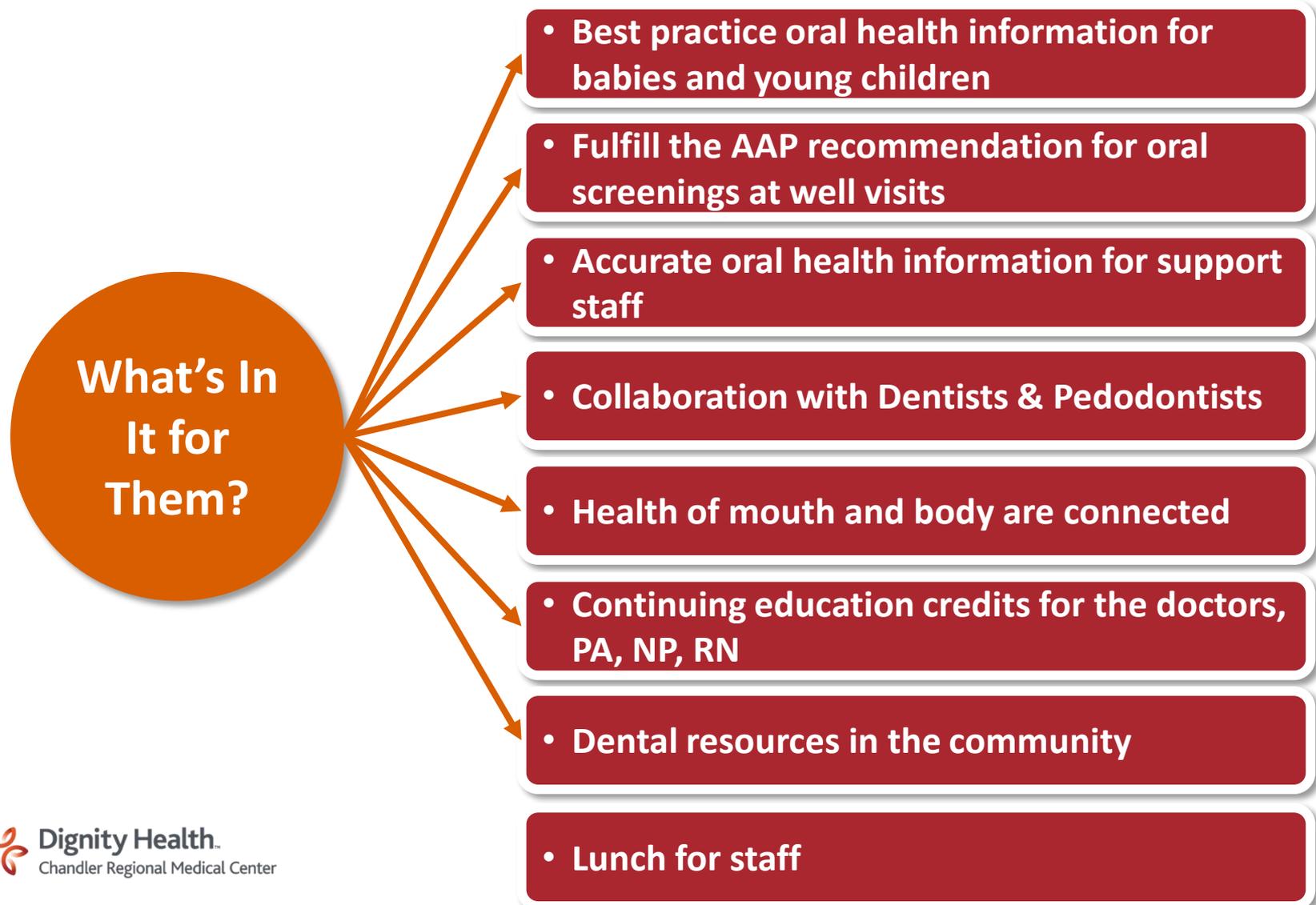
# General Dentist – From baby to adulthood



# Pediatricians



# Pediatricians



# Pediatrician Lunch and Learn

*Early Childhood Oral Health Prevention Program Presents:*

## Lunch and Learn

## Oral Health Initiative Presentation

The Early Childhood Oral Health Prevention Program supports the American Academy of Pediatrics' initiative to advocate and improve children's oral health. The program educates the community on the importance of infant and toddler oral health. The Oral Health Initiative Presentation will provide staff with strategies to identify children at risk for tooth decay.

- Who would benefit from attending? All office staff and physicians
- How long does it take? Only one hour and lunch is provided
- What tools will I receive? Dental referral information and the NC BOHP kit including DVD, oral health questionnaire, and an educational flip chart
- Will I be provided with Continuing Medical Education? Yes for Physicians

Contact Nancy Tolman, R.N., Laurie Clark, R.D.H. or Karen Felty, R.D.H. at (480) 728-5795.



First Things First, approved by Arizona voters, works to ensure that our youngest children have access to quality early childhood experiences so they will start school healthy and ready to succeed. For more info about First Things First, visit [AZTFE.gov](http://AZTFE.gov).

*Disclosure:* The panel presenters and members of the planning committee have no relevant financial relationships with a commercial interest to disclose.

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EOE

# Pediatricians

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## How Did We Find Them

- Face to Face drop in with information on lunch & learn flyer
- Must be RN or RDH
- Initial contact via phone or email did not work.

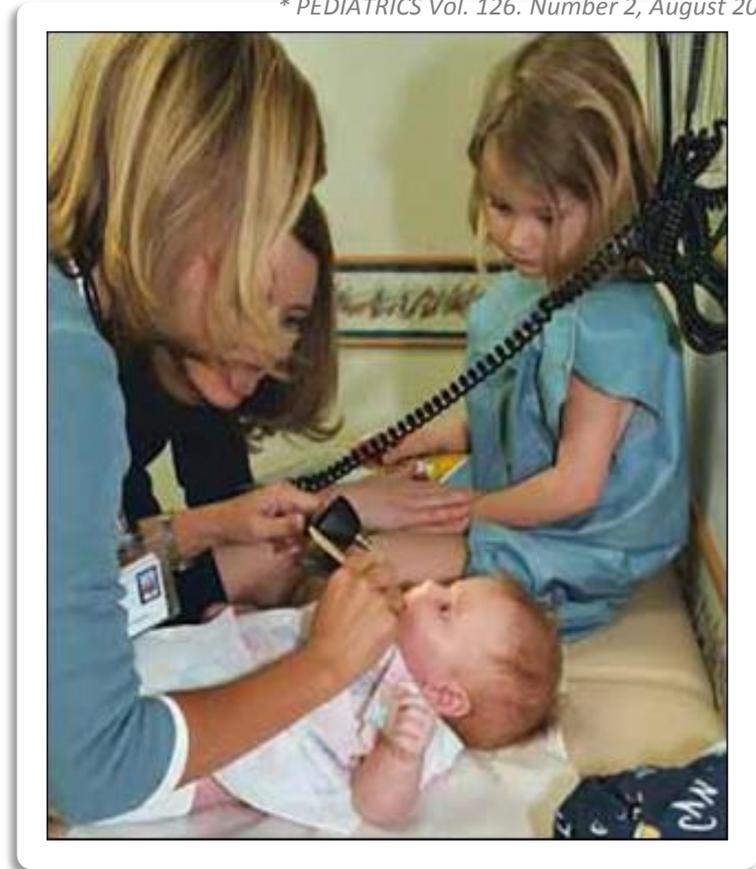
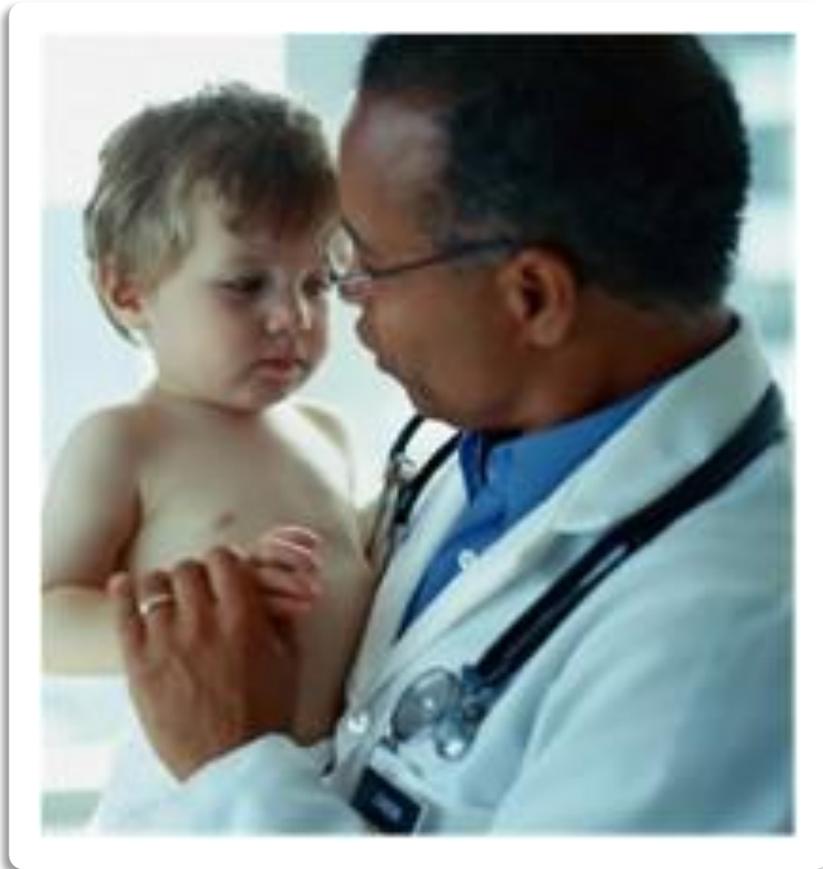
## What Did We Do For Them

- AAP Oral Health Initiative website  
Presentation at location
- NC BOHP (General education kit)
  - Tooth fairy book
  - Infant oral aides
  - Our program as resource for oral questions
  - Created interest to collaborate with dental professional

# Importance of Pediatricians

**Healthcare providers' recommendations that pediatric patients visit the dentist was associated with an increase in dental visits among young children.**

*\* PEDIATRICS Vol. 126. Number 2, August 2010*

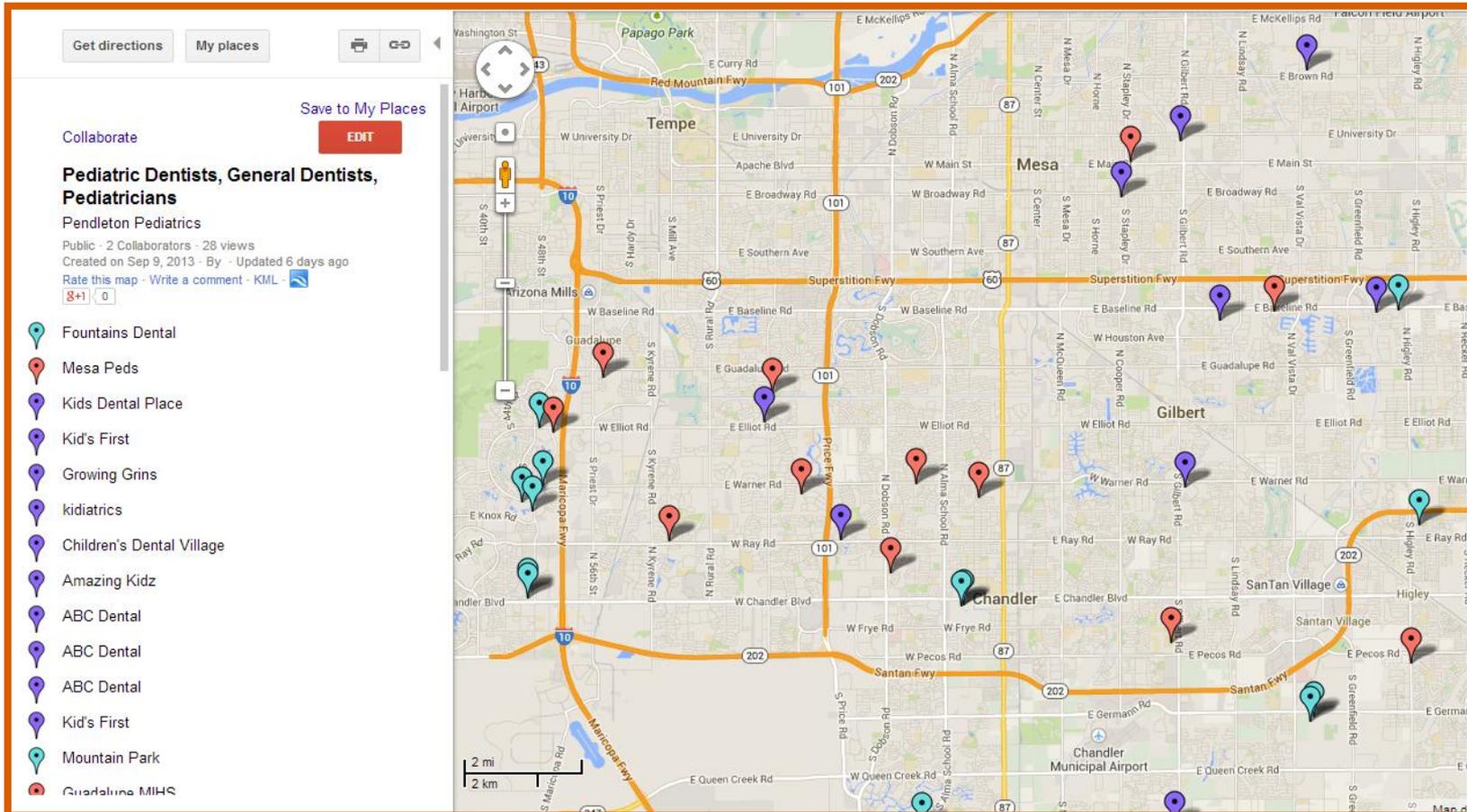


# Surprising results: Pediatrician tooth fairy event



# Strategies, tracking, and mapping

Google maps to track dentists, pedodontist, pediatricians, Who you've met with and potential new sites to cover.



# Midlevel Providers: FTF Summit 2013

Parent educator

Care Coordinator

Family Support Specialist

Social Service Workers

Education Specialist

Family Mentors

Childcare Professionals

School Nurses

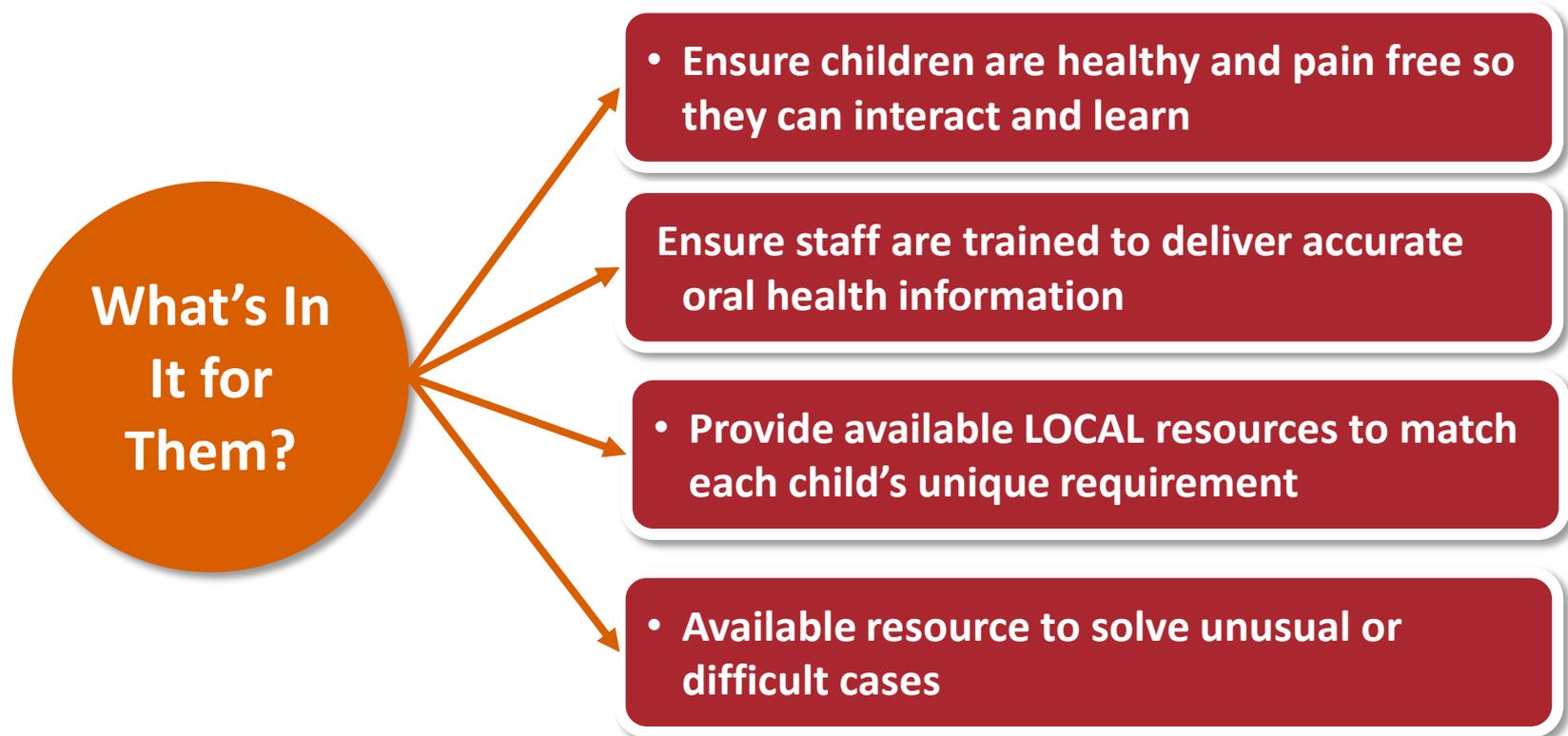


# Mid-Level Providers



# Mid-Level Provider

Expansion of oral health information to interprofessionals/mid-level providers



# Mid-Level Provider

## How Did We Find Them

- **Other FTF grantees**
- **Networked vendor tables or hosted a table, collected contacts at Symposiums, Workshops, Continuing Education**
- **Attended community network meetings**
- **Brochures, articles, community posting**
- **Partnered with other FTF oral health teams**

## What Did We Do For Them

### Face to face presentation:

- **Oral Health education**
- **Educational Brochures/websites**
- **Specific dental resources and locations**
- **Our program brochure /calendar & Locations**
- **Screening and fluoride varnish clinics for clients**

# Presentation for Midlevel Providers

## It Takes a Village to Prevent Tooth Decay

### Children's Oral Health Presentation

The goal of the Early Childhood Oral Health Program is to increase awareness of the importance of infant, toddler, and young children's dental health. Tooth decay is the most common untreated chronic childhood disease, five times more common than asthma. The good news is with the collaboration of our community partners we can greatly improve the statistics.

All partners who have contact with families, babies, toddlers, and young children will benefit from the presentation. During the presentation you will learn the basics of early childhood oral health and receive information and community dental resources to share with your families.

The presentation is tailored for Nurses, Family Support Specialists, Teachers, Caregivers, Care Coordinators, Home Visitors, etc. It can be done as a staff meeting or inservice and takes approximately an hour. A Registered Dental Hygienist who specializes with children's oral health will facilitate the presentation. We serve the following cities in the east valley: Ahwatukee, Chandler, Gilbert, Guadalupe, Mesa, Queen Creek and Tempe.

Contact Laurie Clark, RDH, at 480-728-3589, [laurie.clark@dignityhealth.org](mailto:laurie.clark@dignityhealth.org), or Melva Molina-Lucas, Program Coordinator at 480-728-5709, [melva.molina-lucas@dignityhealth.org](mailto:melva.molina-lucas@dignityhealth.org) to schedule a presentation.

### Healing begins with human connection



First Things First, approved by Arizona voters, works to ensure that our youngest children have access to quality early childhood experiences so they will start school healthy and ready to succeed. For more info about First Things First, visit [AZFTE.gov](http://AZFTE.gov).



# Early Childhood Oral Health Presentation



# Healthy Teeth Checklist

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- Brush twice a day for 2 minutes
- Use fluoride toothpaste
- Floss once a day
- Make brushing a family affair
- Don't put baby to bed with a bottle
- First dental visit age 1, then every 6 months
- Don't share germs
- Frequency of sugar exposure



# Champions For a Healthy Child



# Collaboration Multiplier

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- Strengthens collaborative efforts across diverse fields
- Multi-field approach to complex social challenges
- Different groups/sectors have different views of an issue and different reasons for tackling the issue

# Collaboration Practice

- 1. Divide into groups of at least 4 people representing 4 different agencies/sectors (can have more than 4)**
- 2. Select a common area of concern (nutrition, school readiness, safety, mental health, oral health, development)**
- 3. Identify each organizations perspective.**

Each agency will complete their own Collaboration Multiplier Matrix

Area of Interest:

	Why is this issue important to your organization?	What are your organization's goals related to this issue?	What key strategies and activities are you implementing that are relevant to this issue?	What specific results/outcomes are you seeking related to the collaborative's goals? What does success look like?	What data do you collect, and how?	What expertise and resources (knowledge, skills, training, funding) do you bring to the table?	Which partners and/or participants can you bring to the table to enhance outcomes?	How does your organization benefit from participating in this collaborative?

(5 minutes)

# Collaboration Practice

## 4. Work together to complete a single Collaboration Multiplier Analysis

- Identify each agencies expertise, outcomes and strategies
- Develop collaborative outcomes, strengths and strategies and a common goal

(20 minutes)

## 5. Elect a spokesperson to present to the larger group

## 6. Share your experience

The form is titled "COLLABORATION MULTIPLIER ANALYSIS" and is designed to facilitate a collaborative analysis between multiple agencies. It features a central column for a shared goal and three columns for individual collaborators. Each collaborator's section includes fields for Expertise, Desired Outcomes, and Key Strategies. The central goal section contains three guiding questions: "WHAT RESULTS/OUTCOMES CAN BE ACHIEVED TOGETHER?", "WHAT PARTNER STRENGTHS CAN THE COLLABORATIVE UTILIZE?", and "WHAT STRATEGIES/ACTIVITIES CAN 2+ PARTNERS WORK TOGETHER ON?". The form is branded with the Prevention Institute logo at the bottom center.

COLLABORATOR	Goal:	COLLABORATOR
Expertise:	WHAT RESULTS/OUTCOMES CAN BE ACHIEVED TOGETHER?	Expertise:
Desired Outcomes:		Desired Outcomes:
Key Strategies:		Key Strategies:
COLLABORATOR	WHAT PARTNER STRENGTHS CAN THE COLLABORATIVE UTILIZE?	COLLABORATOR
Expertise:	WHAT STRATEGIES/ACTIVITIES CAN 2+ PARTNERS WORK TOGETHER ON?	Expertise:
Desired Outcomes:		Desired Outcomes:
Key Strategies:		Key Strategies:

Thank You



# Oral Health Resources Websites

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**North Carolina Baby Oral Health Program**

<http://www.bohp.unc.edu/>

**text4baby**

[www.text4baby.org](http://www.text4baby.org)

**AZDA Oral Health brochures**

**Reduced Fee and Community Dental Clinics in Arizona**

[www.azda.gov](http://www.azda.gov)

**National Maternal & Child Oral Health Resource Center**

[www.mchoralhealth.org](http://www.mchoralhealth.org)

**Tooth Fairy Flapbook**

[www.pattersondental.com/Supplies/ProductFamilyDetails/13427](http://www.pattersondental.com/Supplies/ProductFamilyDetails/13427)

**FDA Consumer Updates (teething medications)**

[www.fda.gov/forconsumers/consumerupdates/ucm385817.htm](http://www.fda.gov/forconsumers/consumerupdates/ucm385817.htm)

**Mouth Healthy, American Dental Association**

[www.mouthhealthy.org](http://www.mouthhealthy.org)

**Part I: Collaboration Multiplier Matrix**

**EXAMPLE**

**Individual Organizations' Responses**

Field	Why is this issue important to your organization?	What are your organization's goals related to this issue?	What key strategies/activities are you implementing that are relevant to this issue?	What specific results/outcomes are you seeking related to the collaborative's goals? What does success look like?	What data do you collect, and how?	What expertise and resources (knowledge, skills, training, funding) do you bring to the table?	Which partners/ participants can you bring to the table to enhance outcomes?	How does your organization benefit from participating in this collaborative?
<b>Public health</b>	Lack of safety and healthy food have been linked to poor health outcomes	Increase awareness, resources, and efficiency of systems/programs around the area of PV/HE	Increasing education, resources and training opportunities to partners on the intersection of violence prevention and HEAL. Facilitate system and policy changes that link violence prevention efforts with HEAL efforts	Increase communication and unification under our focus of PV/HE that recognizes and supports the individual partner agency contributions to our overall goals.	Number of new partners participating in this effort, resources generated, system/policy changes related to this effort.	Established and trusted, partner within the community and city that can provide justification, data, and staff resources to further this effort.	Residents, foundations, community organizations, city departments, hospitals/community clinics, school based clinics, health providers, schools, school systems and decision makers.	We are motivated by the opportunity to create efficiencies that will leverage healthier outcomes in our high risk populations.
<b>Urban Agriculture</b>	If increasing the access to healthy food can be shown to lead to violence prevention, then we will have more support for expanding our projects to other communities	↑ access to healthy food; ↓ barriers to healthy eating; show the direct linkage between healthy eating and VP and make this a central part of our messaging; leverage this pilot program into larger projects	Building a community urban farm that is a safe community-gathering place; reaching a multi-generational audience; recruiting kids from the juvenile justice and probations system; training residents as the leaders of the program.	Form long term partnerships; create policy changes through that we can not achieve on our own.	Pre and post survey of the youth in the program which measures the behavior and attitude changes towards healthy eating and violence prevention.	Well established and respected program that has already had a significant impact in the community. Strong community infrastructure for communication, involvement, outreach and education.	Residents, urban agriculture and food justice organizations throughout the region.	Objectives of healthy eating and violence prevention go hand-in-hand. Provides opportunity to work with other organizations that represent different sectors and bring new tools to the table.
<b>Healthy Eating and Active Living &amp; Community Development</b>	Violence has a direct impact on whether or not people venture outside to engage in active living; violence is a disincentive for investment into the community as it increases stress levels and causes distractions that decreases peoples' likelihood to engage in HEAL	↑ community access to healthy food and active living; ↑ the number of people who eat recommended amounts of fresh F&V /day by 10%; ↑ # of people who engage in the recommended amounts of moderate PA by 10%	Organizing residents to prevent and reduce graffiti and illegal trash dumping; increasing social networks to create neighborhood resiliency; helping to facilitate the development of the vegetable garden at Kepner Middle School and Munroe Elementary School; training residents to become certified exercise instructors.	Sustain the collaborative; establish a strong working relationship; maintain communication regarding opportunities; create opportunities for each other; bring together at-risk youth and violence initiatives with HEAL initiatives to increase our reach	Survey data regarding eating and active living habits.	Facilitating, creating connections throughout the community and agencies and organizations. Funding resources for organizational mini-grants, for food and meeting costs, and for supplies and materials for gardens.	Sustainable food systems, gang prevention and reduction, schools, and the police department	Funding provides resources to support our mission. This provided an opportunity to work in an area we knew we needed to be in. Violence was an important barrier to HEAL in Westwood, but we weren't involved with any VP groups.
<b>Gang prevention and intervention</b>	Violence is shown to be a symptom of overall unhealthy living in our community	Violence prevention and intervention	Analyze current state of healthy food access, violence, and safe places to be active; provide pro-social activities and education on gangs and their effects.	Decrease in gang violence; increased jobs for at-risk youth; development of juvenile justice referral system, beautification of the neighborhood	Pre/post attitude surveys of youth; # of individuals participating in events and workshops tied to the grant.	Provide experience in violence prevention and intervention, Street (Community) organizing,	Boys and Girls Clubs, local gangs, community-based nonprofit serving frail and isolated elderly, at-risk youth, and overwhelmed, gang prevention partners	Interested in preventing and intervening in youth violence through pro-social activities for the young people of the.
<b>Community health education and capacity building</b>	Because Promotoras live in their service communities, it is important for them to realize the inequities in racial, health and economic equity which impact individual's decisions wellness.	To create a base of Promotoras who can serve as advocates. Developing capacity of community members to serve as points of access.	Promotora training, community teach backs, wellness Pachangas.	Having a core group of leaders/promotoras who live in the community.	Comprehensive evaluation based on Vida Balanceada curriculum: healthy eating, wellness, heart health, & diabetes.	Training on health disparities and protective factors. Access to basic services. Case management and referrals.	Community organization that provides basic needs, food stamps, healthcare access	To be able to work more closely with organizations who serve the local area

## Part II: COLLABORATION MULTIPLIER ANALYSIS

### Goal: Increasing Community Safety and Access to Healthy Food

#### PUBLIC HEALTH

<b>Expertise:</b> <ul style="list-style-type: none"> <li>Experience in population-based interventions and collection of data on chronic disease and injury rates</li> </ul>
<b>Desired Outcomes:</b> <ul style="list-style-type: none"> <li>Unification of collaborative efforts to address violence and chronic disease</li> </ul>
<b>Key Strategies:</b> <ul style="list-style-type: none"> <li>Facilitate system and policy changes that link healthy eating active living with violence prevention efforts</li> </ul>

#### URBAN AGRICULTURE

<b>Expertise:</b> <ul style="list-style-type: none"> <li>Knowledge on urban food system infrastructure and implementation</li> </ul>
<b>Desired Outcomes:</b> <ul style="list-style-type: none"> <li>Long-term partnerships to achieve sustainable food systems</li> </ul>
<b>Key Strategies:</b> <ul style="list-style-type: none"> <li>Create mechanisms for residents to access fresh, affordable healthy foods</li> </ul>

**WHAT RESULTS/OUTCOMES CAN BE ACHIEVED TOGETHER?**

- STRONG PARTNERSHIPS AMONG PARTNER ORGANIZATIONS AND COMMUNITY MEMBERS
- SAFE COMMUNITY GATHERING SPACE: URBAN FARM
- JOBS FOR YOUTH AND ADULTS
- INCREASED ACCESS TO HEALTHY FOODS
- CHANGES TO INSTITUTIONAL SYSTEMS AND LOCAL POLICIES

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**WHAT PARTNER STRENGTHS CAN THE COLLABORATIVE UTILIZE?**

- ESTABLISHED TRUST AND RESPECT IN COMMUNITY
- LOCAL POLICY MAKER INVOLVEMENT AND SUPPORT
- EXPERIENCE IN COMMUNITY ENGAGEMENT AND TRAINING
- CONTENT EXPERTISE
- IN-KIND SUPPORT
- LINKER TO BROADER CITY-WIDE INITIATIVES

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**WHAT STRATEGIES/ACTIVITIES CAN 2+ PARTNERS WORK TOGETHER ON?**

- ESTABLISH URBAN FARM AND FARMER'S MARKET
- BUILD YOUTH CAPACITY TO UNDERSTAND GOAL AND ADVOCATE FOR ENVIRONMENTAL AND POLICY CHANGES
- BUILD CAPACITY OF LEADERS
- CULTIVATE RELATIONSHIPS AND PARTNERSHIPS
- CONNECT YOUTH AND COMMUNITY RESIDENTS TO TRAINING AND EMPLOYMENT OPPORTUNITIES

#### VIOLENCE PREVENTION

<b>Expertise:</b> <ul style="list-style-type: none"> <li>Expertise in youth violence prevention and intervention</li> </ul>
<b>Desired Outcomes:</b> <ul style="list-style-type: none"> <li>Decreased gang violence and increased positive opportunities for at-risk youth</li> </ul>
<b>Key Strategies:</b> <ul style="list-style-type: none"> <li>Build youth leadership and connect youth to training and employment opportunities</li> </ul>

#### CITY COUNCIL

<b>Expertise:</b> <ul style="list-style-type: none"> <li>Knowledge and ability to influence local policy decisions</li> </ul>
<b>Desired Outcomes:</b> <ul style="list-style-type: none"> <li>Policies that promote health and safety in the district</li> </ul>
<b>Key Strategies:</b> <ul style="list-style-type: none"> <li>Help leverage funds for long-term sustainability</li> </ul>

# COLLABORATION MULTIPLIER ANALYSIS

Goal: \_\_\_\_\_

COLLABORATOR
Expertise:
Desired Outcomes:
Key Strategies:
COLLABORATOR
Expertise:
Desired Outcomes:
Key Strategies:

WHAT RESULTS/OUTCOMES CAN BE ACHIEVED TOGETHER?
WHAT PARTNER STRENGTHS CAN THE COLLABORATIVE UTILIZE?
WHAT STRATEGIES/ACTIVITIES CAN 2+ PARTNERS WORK TOGETHER ON?

COLLABORATOR
Expertise:
Desired Outcomes:
Key Strategies:
COLLABORATOR
Expertise:
Desired Outcomes:
Key Strategies:

## COLLABORATION MULTIPLIER

# Enhancing the Effectiveness of Multi-Field Collaboration

*Collaboration Multiplier* is an interactive tool for strengthening collaborative efforts across diverse fields. A multi-field approach has proven vital for tackling today's complex social challenges. Whether the goal is promoting health equity, strengthening local economies, reducing greenhouse gas emissions, or enhancing community safety, improving our well-being requires community-wide changes that include strengthening government policies and the practices of key organizations. Multi-field collaboration expands available resources, strategies, and capabilities to achieve outcomes that could not be accomplished by one field alone.

*Collaboration Multiplier* provides a systematic approach to laying the groundwork for multi-field collaboration. The tool guides organizations through a collaborative discussion to identify activities that accomplish a common goal, delineate each partner's perspective and potential contributions, and leverage expertise and resources. *Collaboration Multiplier* is based on the understanding that different groups and sectors have different views of an issue and different reasons for engaging in a joint effort. For example, a collaborative formed to increase access to healthy food in underserved neighborhoods can more effectively engage partners by recognizing that each has their own goals. A grocery store operator might expand fresh food offerings to enhance sales and profits, a health department would support the effort to improve health, and the Mayor might

see enhanced food retail as fundamental for a flourishing community. *Collaboration Multiplier* helps surface these perspectives and forge strategies that advance their objectives simultaneously.

*Collaboration Multiplier* can be used in different stages of collaboration. It can be used by a newly formed or established partnership that wants to strengthen its collective effort, or it can be used by an individual or small set of organizations that recognize the value of a diverse partnership and want to think strategically about whom to invite to the table.

### The Collaboration Multiplier Process

*Collaboration Multiplier* occurs in two phases:

1) Information Gathering and 2) Collaboration Multiplier Analysis

In the first phase, the key sectors and fields that can contribute to a solution are identified. Then key information from the *perspective of each field* (or prospective field) is collected according to a common set of categories. Specific categories vary based on the particular collaboration, but typical examples include:

- **Importance:** Why is this issue important?
- **Organizational Goals:** What are the goals related to this issue?
- **Audience:** Who is the primary audience/constituency?
- **Expertise:** What unique expertise does this field bring to the collaborative?

Partner	Importance	Organizational Goals	Expertise	Assets & Strengths	Key Strategies	Desired Outcomes	Partnership	Organizational Benefit

- **Assets/Strengths:** What resources (skills, staff, training capacity, funding) can be brought to the table?
- **Key Strategies:** What key strategies/activities are currently implemented relevant to this issue?
- **Desired Outcomes:** What specific results/outcomes are desired as a result of this collaboration? What does success look like?
- **Data:** What data is collected, and how?
- **Partnership:** Which partners/participants can be brought to the table to enhance outcomes?
- **Organizational Benefit:** What is the benefit of participating in this collaborative?

Compiling this information can provide a “big picture” snapshot for partners and lays the groundwork for a collaborative discussion.

In the next phase, the collaborative engages in a “collaboration multiplier analysis” to discuss the implications based on the information collected. Some key areas of discussion can include:

- What partner strengths can the collaborative utilize? How do you leverage each partner’s expertise?
- What results and outcomes can be achieved together?
- What strategies/activities can two or three partners work together on?

*Collaboration Multiplier* serves as a starting point for appreciating what different fields can bring to the table and for building effective interdisciplinary efforts through partnership. After completing the two-phase process, partners can begin developing a comprehensive strategy to achieve their shared vision. To support strategic efforts, *Collaboration Multiplier* is designed to complement and inform Prevention Institute’s *Spectrum of Prevention*, a tool for developing multifaceted activities for effective prevention, and *The Eight Steps to Effective Coalition Building*, a step-by-step guide for coalition development and sustainability. Effective collaboration can be a powerful force for mobilizing individuals to action, bringing health and safety issues to prominence, forging joint solutions, and developing effective policies. By working through *Collaboration Multiplier*, partners will see the fruits of their efforts grow exponentially.

For more information, visit Prevention Institute’s website at [www.preventioninstitute.org](http://www.preventioninstitute.org) or e-mail [virginia@preventioninstitute.org](mailto:virginia@preventioninstitute.org).

## COLLABORATION MULTIPLIER EXAMPLE: TRAFFIC SAFETY COALITION

### Goal: Decrease traffic-related crashes and fatalities

#### Phase I: Information Gathering

(This is a sample; expected levels of detail would be greater)

	Expertise	Desired Outcomes	Strategies
<b>Public Health</b>	Population-based prevention approaches and data collection of injury rates	Reduce unintentional injuries among all travelers, including drivers, pedestrians, bicyclists, disabled, elderly	Facilitate environmental and policy changes (i.e., pedestrian/bicycle-friendly street design, car seats, seat belts, driving under the influence, bicycle helmets)
<b>Law Enforcement</b>	Expertise in legal requirements and crash investigations and has the authority to enforce traffic laws	Increase compliance to traffic safety laws	Enforce traffic laws, patrol neighborhoods, implement check points, cite reckless drives, and participate in educational campaigns
<b>Transportation Engineering</b>	Road and sidewalk design that provides safe travel for multiple modes of transportation	Prevent traffic crashes and reduce severity of injuries if a crash occurs	Promote safety regulations for occupants and vehicles n Implement street designs that promote safety
<b>Optometry</b>	Understanding of how people visualize traffic signs and signals	<ul style="list-style-type: none"> <li>• Improve vehicle displays, traffic signals, and road signage</li> <li>• Better driver assessment for licensing purposes</li> </ul>	Utilize color and design features to increase driver attention to traffic signals and signs

## Phase II: Collaboration Multiplier Analysis

### Public Health

**Expertise:**

Population-based prevention approaches and data collection of injury rates

**Desired Outcomes:**

Reduce unintentional injuries among all travelers, including drivers, pedestrians, bicyclists, people with disabilities, elderly

**Key Strategies:**

Facilitate environmental and policy changes (i.e., pedestrian/bicycle-friendly street design, car seats, seat belts, DUI, bicycle helmets)

### Law Enforcement

**Expertise:**

Expertise in legal requirements and crash investigations and has the authority to enforce traffic laws

**Desired Outcomes:**

Increased compliance to traffic safety laws

**Key Strategies:**

Enforce traffic laws, patrol neighborhoods, implement check points, cite reckless drivers, and participate in educational campaigns

**Shared Outcomes**

- Improved transportation infrastructure and systems
- Ability for motorists, bicyclists, pedestrians, people with disabilities, and elderly to travel easily and safely
- Decrease in traffic-related injuries and deaths

**Partner Strengths**

- Subject matter expertise
- Authority and ability to implement policies and environmental changes
- Understanding of motor vehicle patterns and individual transportation behaviors
- Knowledge of street and vehicle design

**Joint Strategies/Activities**

- Incorporate health and safety elements into transportation planning
- Promote complete streets policies
- Connect roadways to complementary systems of trails and bike paths
- Implement smart growth strategies, including transit-oriented developments

### Transportation Engineering

**Expertise:**

Road and sidewalk design that provides safe travel for multiple modes of transportation

**Desired Outcomes:**

Prevent traffic crashes and reduce severity of injuries if a crash does occur

**Key Strategies:**

- Promote safety regulations for occupants and vehicles
- Implement street designs that promote safety (e.g., traffic calming)

### Optometry

**Expertise:**

Understanding of how people visualize traffic signs and signals

**Desired Outcomes:**

- Improved vehicle displays, traffic signals, and road signage
- Better driver assessment for licensing purposes

**Key Strategies:**

Utilize color and design features to increase driver attention to traffic signals and signs

Collaboration Multiplier Matrix

Area of Interest: \_\_\_\_\_

Why is this issue important to your organization?	
What are your organization's goals related to this issue?	
What key strategies and activities are you implementing that are relevant to this issue?	
What specific results/outcomes are you seeking related to the collaborative's goals? What does success look like?	
What data do you collect, and how?	
What expertise and resources (knowledge, skills, training, funding) do you bring to the table?	
Which partners and/or participants can you bring to the table to enhance outcomes?	
How does your organization benefit from participating in this collaborative?	