Community Engagement
Lessons from Maryland and Virginia

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**What is Community Engagement?**

Dr. Anthony Iton of Healthy Communities/The California Endowment sums it up well when he said “when it comes to health, your zip code matters more than your genetic code.”

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**Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
“We ask our patients to do things that they have not done previously and to stop doing things they have been doing for many years....It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural and physical environment conspire against such change”

From the Institute of Medicine’s 2000 Report on Social and Behavior research
Community Engagement is...

the inclusion of local health system users and community resources in *all* aspects of design, planning, governance, and delivery of health care services

a central component of effective population health management by helping to ensure services are appropriately tailored to population needs and values.
Begin by understanding the health needs of your community

Review the local community health needs assessment

Listen to the perceptions of the communities you serve

But also understand your own capacity, we can not be all things to all people
The WHO has defined community engagement as “a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes.”
Who are our partners and champions in Oral Health?

Others include:

- Professional Organizations
- Faith Communities
- School Nurses/Parent Teacher
- Area Health Education Centers (AHEC)
Maryland

Problem:

High rates of Early Childhood Caries especially for Spanish speaking families. Many young children attending school with untreated dental caries.
Solution:
Children’s Regional Oral Health Consortium (CROC)

CROC involved partnerships with the Eastern Shore AHEC, two community hospitals, the University of Maryland Dental School, and two (2) federally qualified community health centers. This partnership developed

1) a comprehensive dental center in Dorchester, Maryland

2) a regional hospital-based pediatric dental program for the six middle and lower Eastern Shore counties

3) community-based clinical and educational training opportunities for dental hygiene students on the Eastern Shore of Maryland.
Children’s Regional Oral Health Consortium (CROC), supported by a 3-year Federal Office of Rural Health Policy’s Rural Health Care Services Outreach grant. The Eastern Shore Area Health Education Center (AHEC) received funding from the Maryland Office of Oral Health to continue the program.

**CROC utilized the Promotora-model - a lay Hispanic/Latino community member who receives specialized training to provide basic health education in the community, without being a professional health care worker, and serve as a case manager**
Problem:

High risk, pregnant women and Head Start children not accessing oral health care at our community health center’s dental program
Solution:
Traveling Oral Health Prevention Program (TOPs)

TOPs involves partnerships with the local health department, county school board, Community Services Board and a federally qualified community health center.

TOPs = A tele-dentistry model utilizing Remote Supervision Dental Hygienists to provide a virtual dental home (providing prevention and early intervention services) at local Head Start centers and health department maternity clinics.

TOPs demonstrates that community partnerships between oral health professionals and community organizations can help reach people who do not take attend care in the traditional health care system.
A New Care Path
To recognize success, we must think...

Disruption
Innovation
Paradigm Shift