

# Arcora Foundation and the Local Impact Network Approach



## About Arcora Foundation

The Arcora Foundation (formerly Washington Dental Service Foundation) is a nonprofit, funded by Delta Dental of Washington, dedicated to partnering with communities and boldly transforming systems to improve oral health. We have worked for 15 years with partners throughout Washington state and the nation to create lasting changes that prevent disease, improve access to care, and transform health systems. Our vision is that all people enjoy good oral and overall health, with no one left behind.

## About the LIN Approach

This paper will focus on Arcora Foundation's most recent efforts to engage communities in addressing health disparities through a Local Impact Network (LIN) approach. The LIN is a highly accountable approach to accelerate and scale a mutually reinforcing set of data-supported anchor strategies focused on achieving a population health outcome in 3-5 years. This approach provides a networked structure among multiple organizations, to build community influence and align operations. It creates a fertile space to identify the best change targets and to develop the power, influence and support structure to nudge good health equity ideas into reality.

The LIN is a focused approach that can support the larger work happening in a specific region, such as Accountable Communities of Health (ACHs). LINs do this in two ways: 1) form a LIN in a defined geographic area within an ACH region that has the potential to scale region-wide over time; and 2) develop a deeper understanding of a specific sector or issue within a large health system.

LINs provide a structured way for Arcora Foundation to engage with community partners and drive toward scalability and sustainability with health equity at the center. Making investments at a local level through the LIN is a new way of



operating for Arcora Foundation, which has traditionally had relatively small partnership agreements with local organizations, and grants for capital expansion of dental clinics serving the uninsured and Medicaid-insured populations. While progress has been made in advancing oral health, especially in the areas of access to dental care for young children, disparities persist. For example, there has been a statistically significant rise in decay rates among preschoolers, which indicates that simply improving access does not equate to better oral health outcomes. It has also been challenging to make significant progress in increasing access for Medicaid and uninsured adults. Recognizing the need for a different approach, LINs allow Arcora Foundation to partner in a deeper way with community organizations and to rely on their expertise to guide community-based efforts most likely to achieve lasting change. **The following describes the Foundation's efforts to build its first LIN in Spokane, Washington.**

## Local Impact Network in Spokane

In 2015 a group of concerned individuals and organizations including philanthropy, public health, social service providers, dental professionals, and higher education, convened to identify ways to address the community's serious oral health problems. Spokane historically has a higher rate of cavities and other oral health problems than many other communities across the state. At the time, Arcora Foundation was interested in helping this group explore a community water fluoridation campaign, as the level of fluoride in Spokane's water is lower than the current Centers for Disease Control recommended level to prevent tooth decay. From these efforts and building on Spokane's history of innovation and collaboration, **Smile Spokane** was created with financial and programmatic support from the Arcora Foundation. Smile Spokane is staffed by contractors (paid by the Foundation) based in Spokane and currently is not an independent organization, although that may change as the LIN evolves. Ultimately, polling demonstrated that the timing was not right for a fluoridation campaign.

In 2017 Arcora Foundation came back to Smile Spokane with a proposal: **what if Smile Spokane became the coordinating entity for a LIN?** The LIN would engage a cross-sector of community-based organizations to implement strategies with the shared goal of



improving oral health, including community education to raise awareness of the importance of oral health and the benefits of community water fluoridation. Smile Spokane agreed and work began to develop a comprehensive set of strategies to improve health in Spokane

## A Community-Centered and Driven Approach

The LIN approach provides a networked structure to engage community allies and unusual partners—it is inherently community-centered. It relies on a community-based coordinating entity, in this case, **Smile Spokane**. This coordinating entity is critical to the success of the LIN because it helps bridge the relationship between Arcora Foundation staff and the community. Ideally, the coordinating entity is a trusted partner with a proven track record of successful community engagement.

The success of the LIN also hinges on having the right people and organizations at the leadership table. It requires thought leaders who are able to see the value of a LIN beyond their own programs/organizations extending a shared vision of how a community can work together to improve oral health. In Spokane the local health jurisdiction, the **Spokane Regional Health District (SRHD)**, has been involved from the start in the planning and evaluation of the LIN, which has proved invaluable in engaging with local partners. Arcora Foundation could have used an outside evaluator,

but the effort would not have been as community-driven. Choosing the population health goal of reducing health disparities (which vary depending on the strategy) gave a very concrete way for diverse organizational leaders to “say yes” to involvement. It also allows for a testing ground to document how oral health contributes to overall health.

The seven anchor strategies are led by, or in partnership with, community-based organizations. The process for identifying these organizations included having conversations with Arcora Foundation, Smile Spokane, and representatives from various organizations. There was a desire to identify organizations with a vested interest in participating in the LIN and have the potential to scale the interventions beyond Spokane. For example, **Frontier Behavioral Health** identified gaps in access to oral health care for the populations they serve, so they are leading work related to connecting clients experiencing mental illness to oral health care. They are also the largest mental health provider in the Spokane area, which allows them to reach a large number of people and have statewide influence through their trade association. Frontier Behavioral Health’s leadership team is motivated and committed to working with the LIN and believe it is filling a critical need in the community. All of these reasons made Frontier Behavioral Health a good candidate to lead this work.

## Anchor Strategy Evaluation Measures

### School Sealants

- # of schools with 75% free and reduced-price lunch with a sealant program
- # of students served with sealants within participating schools
- # of referrals to treatment plans completed

### Care Coordination

- Increase the percentage of individuals receiving outpatient mental health services, or are enrolled in case management services who access oral health care
- Reduce the number of individuals who go to the Emergency Departments with an oral health emergency
- Increase the percentage of individuals receiving outpatient mental health services or are enrolled in case management services who establish an ongoing patient relationship with an oral health care provider

### Opioid Response

- # of dentists educated about opioid Rx practices
- # of dentists participating in Rx registry
- # of dentists following standard Rx protocol

### Medical Dental Integration

- # of primary care providers delivering oral health services in primary care
- # of clinics delivering oral health services
- # of referrals made from primary care to dental

### Access to Care

- Connecting Medicaid and uninsured patients to oral health care
- # of people reached through teledentistry pilot
- # of dentists participating in fair share model
- # of patients served through fair share model

### Community Education

- Support each anchor strategy specific communications needs
- Grow awareness of importance of oral health to overall health via social media, earned and paid media

### Place-based strategy for whole patient care

- Sites identified to establish place-based strategy
- # of individuals (seniors/Medicaid-insured) reached through place-based strategy



Anchor strategy lead agencies serve as the organizer of a particular area of work. They are responsible for leading, in partnership with SRHD and Arcora Foundation, the development of a work plan and strategies to help achieve the overall goal of reducing health disparities. This includes cultivating additional partnerships and very importantly, engaging those who will be served by the work.

While the overarching goal of reducing health disparities was pre-determined, the work plans for how to reach those goals are a community-driven approach led by SRHD. A review of reports on evidence-based and promising practices in oral health improvement by SRHD substantiated the LIN model. It also confirmed the validity of the selected strategies to prevent dental disease and improve access to and utilization of care before irreversible damage and costly emergency department visits become the norm.

One of the seven anchor strategies is led by **Communities in Schools Spokane**. They are working to prevent oral disease among kids in low-income schools by increasing student participation in school sealant programs. Through qualitative research with parents and school administrators, the need for community engagement and education became clear. Communities in Schools Spokane has long standing relationships with the schools and community partners such as church groups, food banks and parent teacher associations—all of which are essential to the success of this work. One example of engaging deeply with the community is with the Marshallese population. The data indicated that Marshallese students were not accessing care, and there was confusion as to whether students even had

dental benefits. Communities in Schools knew where to reach these families to learn more, but they were not the right messenger to talk with parents. As partners, Arcora Foundation was able to leverage a relationship with **Children's Alliance**, a statewide alliance focused on improving the lives of children. Through this partnership Arcora Foundation identified a Spokane representative of the Marshallese community who had been engaged in local advocacy work and could help bridge the gap between our goals and the community's needs. Leveraging the relationships of community partners and Arcora Foundation is central to the success of the Spokane LIN.

## A Culture Shift Not Without Challenges

Making investments at a local level through the LIN is a new approach for Arcora Foundation, which has traditionally invested in local communities through a siloed approach. Previous investments in Spokane were extensive, including providing grants for capital expansion of dental clinics serving the uninsured and Medicaid-insured populations, training and coaching medical systems to deliver oral health preventive services, delivering **Cavity Free Kids** training to early learning providers, and engaging senior centers in oral health care. But each of these activities was conducted separately and independently. Arcora Foundation has also served as the catalyst and convener for a statewide public-private partnership known as the **Access to Baby and Child Dentistry**, which connects Medicaid-insured children under the age of 6 to dental care. The ABCD program started in Spokane and spread statewide. It



has been instrumental in engaging private practice dentists and improving access to dental care for young, lower-income children. Despite the increase in utilization and access for lower-income children under six, children of color still tend to have higher rates of untreated decay when compared to white children. Oral health disparities also exist based on household income. For example, third grade children from low-income households suffer from rampant decay (cavities in seven or more teeth) at twice the rate of children from higher-income households. Arcora Foundation recognized the need to build on our successes, while also developing a more comprehensive community-driven approach that tests innovative models of care with the goal of reducing health disparities.

The LIN is driving Arcora Foundation to partner in a deeper way with community organizations and rely on their expertise to guide community-based efforts. It is shared decision making that combines Arcora Foundation's 15 years of expertise around oral health with the priorities of local partners. The Arcora Foundation Board traditionally approves all grants, but in the case of the LIN the Board agreed that grants to community partners less than \$150,000 do not need additional Board approval.

In first round of funding for the LIN partners, their implementation plans and budgets came in lower than the Foundation had originally budgeted. This was in some ways surprising—LIN partners anticipate implementing their work without a lot of additional funding. This demonstrates that the value of the LIN extends beyond funding. It is also about creating a structure that allows a variety of community partners to come together around a specific issue, identify common goals and drive change.

There are inevitable challenges with being the sole funder of a network. The main one being a power differential between Arcora Foundation and community partners. Research demonstrates that trust is essential to building a successful network, so the Foundation has prioritized cultivating trust among its community partners. Arcora Foundation has done this by showing up time and time again, being transparent in the vision for a LIN in Spokane, and by following through on promises.

The network approach has also been a culture shift for anchor strategy leads who are balancing their organizational interests with those of the LIN. For example, when putting together their plans and budgets, three of the seven anchor strategy leads included funding for a care coordinator to be employed by their organization. However, with a network approach and mindset, there might be one or two care coordinators employed by a regional hub that would serve the entire community. A network approach is made more complicated because each organization



is funded differently, some through managed care contracts, some through county funds, and all have some combination of private grant dollars. In 2018 Smile Spokane decided to fund these separate care coordinator positions but will need to discuss with the leadership team what a sustainable network staffing model looks like going forward.

## Addressing Disparities

The Local Impact Network (LIN) is continuously working to address systematic and structural issues that contribute to inequity, and it is a work in progress. Historically it has been challenging for Arcora Foundation to engage directly with communities that are experiencing the greatest burden of disease. This is where the LIN community partners are essential to the Foundation's work—they serve as a conduit to the individuals the Foundation is trying to reach.

One challenge in addressing disparities is the lack of access to dental care for low-income populations. Other barriers include fear of the dentist, costs, lack of transportation, and challenges with language. There are not enough dentists who will see uninsured or Medicaid-insured patients. Paired with the other barriers to care, people are often left with no other choice but to live in pain or use the emergency room for care. The LIN has started to address this issue by engaging with Community Health Centers and private practice dental providers to make it easier for them to see more Medicaid-insured patients, and by ensuring

that Medicaid-insured patients have fewer barriers to accessing care.

Arcora Foundation developed **DentistLink.org**, an online tool to connect patients with nearby dentists who accept their insurance, including Apple Health (Medicaid). This tool helps address both the lack of private practice dental providers taking Medicaid-insured patients and some of the systematic barriers that Medicaid-insured clients face accessing care. For example, in Spokane, DentistLink has partnered with a local **Rides to Care** program, to provide free rides to and from the dentist for any patient. The LIN has helped test the use of DentistLink with community organizations including emergency departments, mental health agencies, and social service agencies, making it easier to scale and implement in other communities

The evaluation portion of the LIN has been essential to addressing and identifying the systematic barriers to good oral health. One of the ideas being tested through the LIN is whether it is possible to measure improved overall health—not just improved oral health. Knowing that oral health is connected to overall health and the link to chronic disease and the ability to focus in school and get a job; Arcora Foundation is curious whether or not the connection between oral health and overall health can be measured.

## Working Toward a More Equitable Future

The long-term outcome of Arcora Foundation's LIN approach is yet to be seen. A key learning is that developing trust with partners is paramount and affects the pace of change. It also helps to have a Board that trusts the community to participate in shared decision-making. The Stanford Social Innovation Review article on Building Impact Networks states, **"...trust is the critical ingredient needed for successful collaboration—no matter the type of structure or level of resource. Investing in "return on relationships" makes all the difference."** Since launching the LIN, Arcora Foundation is confident that with the right partners and a network approach it is possible to reduce health disparities and improve overall health.

