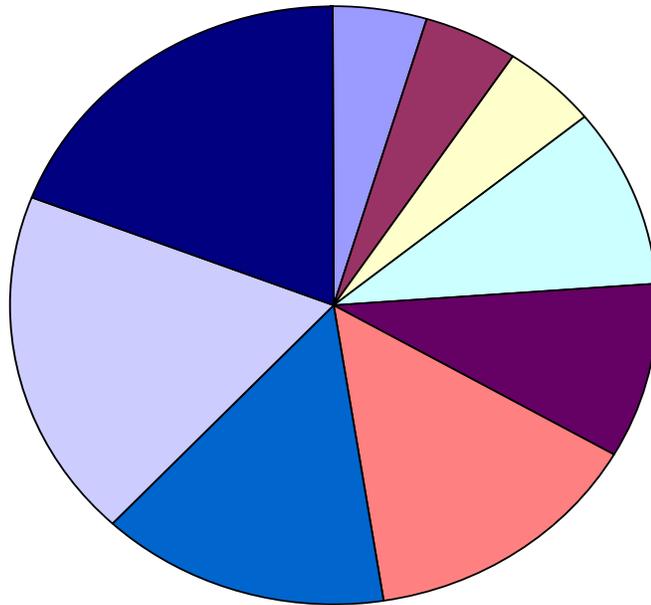


What assumptions do I make about being an Oral Health Coalition member?

- That oral health is not a priority for the government, and that it remains low on people's awareness/healthcare opinions/thoughts, but we assume the public cares greatly about it. (1)
- As individuals, we have the power to affect change where we work and in our own lives. (1)
- However, we need a coalition, because we can't create major societal change on our own as individuals. **TEAM** mindset: **T**ogether, **E**veryone **A**chieves **M**ore. (4)
- Further, there is need for regional coalitions, and a larger, provincial forum (Saskatchewan Oral Health Professionals Forum?). (1)
- We acknowledge that although we have the power/influence to affect change, those changes may be harder and slower to achieve, because the topic of oral care is outside of the medical/acute care realms (not top of mind). (2)
- That our members have a shared interest in improving the oral health of Saskatchewan residents, and are committed to working towards change. (4)
- That ideas and change may well come about as a result of involving others who are not part of the current, traditional multidisciplinary team. Bringing others on board is necessary, and desirable. (3)
- That current members gather to learn about the status of oral health of Saskatchewan residents. At the same time, we recognize that members arrive with their own specific agendas/ideas. (3)
- That our most urgent priority is to bring to fruition the establishment of a Chief Dental Health Officer for Saskatchewan. Without this, we are uncertain of who we will connect with to move issues forward. (2)

Assumptions of Being a Coaliton Member:



- SK residents care about OH, but low priority for Government
- individuals have the power to create change
- recognize need for regional and provincial forums
- recognize change takes time
- Top Priority: Chief Dental Health Officer for SK
- Vital to have involvement from outside the traditional team
- We gather to learn, but we all have our own agendas
- need a coalition; TEAM: Together Everyone Achieves More
- shared interest and commitment to improve Oral Health of SK residents,

What do we mean by “Coalition?”, anyways?

- A group of varied, but like-minded people gathering to learn, collaborate, and move actions forward that will improve the oral health of all Saskatchewan residents.
- The group has seen firsthand that huge gaps exist in lower socioeconomic groups, where needs are not being addressed: Seniors, those in LTC, Lower Income individuals, immigrant populations, maternal health. Low access to dental care for all these groups. There are barriers of communication, difficult to access care, no insurance, etc.
- We have seen anecdotally, and assume as a result, that there is a lack of dental education in the community. This lack of education may be a lack of knowledge about the necessity or mechanics of basic dental care. It may be a lack of understanding about accessing their own insurance plans, or a lack of awareness or difficulty accessing their own possible entitlement to provincially funded programs
- A coalition is a group whose members support one another in our efforts.
- Our role is to act as lobbyists for change where we see the need.
- A coalition aligns its priorities to be effective at providing a unified voice. It collaborates with other disciplines/professionals, utilizing the expertise of the right personnel to maximize efficiency.

In light of responses to our first two questions, key comments were determined to be:

- **The Coalition is a TEAM – Together Everyone Achieves More**
 - **We have our own priorities, but we are working towards a unified common goal.**
 - **There should be a broader perspective – we need to grow our membership, but so too should regional and provincial forum- type groups.**
-

Onward to Digging Deeper Series of Questions...

1. How are we different in coming together as a coalition?

- We come to learn. We have already become more aware of the needs for improved oral health in areas outside of our own areas of expertise.
- We are trying to capture a common goal. We want to **see** results.
- We are growing to include representatives from other health regions.
- We have diverse backgrounds, come from a variety of dental disciplines.
- We see ourselves as advocates for change.
- We believe in our goal – improved oral health for all residents of Saskatchewan.
- We are working towards a strategic plan.

2. What are we trying to capture here?

- Should we form subgroups that are representative for the task to be done? (e.g., LTC, infants & preschoolers, maternal health).
- Are we agreeing to prioritize? And isn't our top priority to highlight needs to the provincial government?
- Do I have the autonomy (decision making abilities) to take back ideas to my area of expertise?
- How can we work together more beneficially?
- We have common interests. Let's present a united voice!

3. What is possible with our Coalition?

- We can make a positive change in the oral health and overall health of all residents of Saskatchewan.
- We can provide a credible voice, lobbying policymakers for change.
- We can work towards the creation of a Chief Dental Health Officer position for the province of Saskatchewan.

4. What do you want our Coalition to look like?

- Broader, for a more well-rounded perspective.
- Increased membership: More multi-sector, with more representation from federal, provincial, and civic levels of government. More front line workers, from more health care disciplines. And, more representation from funding agencies.
- Our strength will be in our numbers and having our common cry coming from many different sectors.

5. What are we agreeing upon, by being in this Coalition?

- That there exist huge unmet (and unaddressed) needs in our province. We must raise the governments (and the publics) consciousness, to make oral health a priority.
- That we will achieve this by serving as advocates and lobbyists, regardless of our professional designations.
- That we are willing to each serve as a resource to the group: to inform, educate, and update on relevant issues, so that all members may reach a common level of understanding.
- That our top priority is the need for a Chief Provincial Dental Health Officer.
- That our own individual agendas will be “left at the door”, as we can’t use a coalition as a means of advancing our own agendas.

6. Is there anyone missing from this Coalition?

- Government Representation
 - Federal
 - Provincial
 - Civic
 - First Nations
- Other health regions
- Homecare, daycare, special needs groups
- College of Medicine
- School Board representation
- Prenatal educators
- Middle years/adults
- Allied health professionals
 - Paediatricians
 - Nutritionists
 - Dieticians
 - Speech language pathologists
 - Licensed Practical Nurses
 - Special Care Aides
- Consumer reps
- Private practice dentists
- Voice for people who are homeless
- **Funding is missing.**

Our Vision for the Future

Exercise: Five years from now, there has been amazing changes and work done because of the Oral Health Coalition. What were the core values that guided, motivated, and inspired the work done by the coalition? What gave clarity to the group in times when they wondered whether something was a good idea or not? How were decisions made? What allowed this group to become great at what it had to offer?

1. What were the core values that guided, motivated and inspired the work done by the coalition?

Four recurring themes have emerged. Do they accurately represent our core values?

a) Collaboration

- We are a diverse, many-disciplined group
- We are like-minded.
- Vested interests
- We will work together in a spirit of cooperation, to reach consensus on projects
- We are willing to exchange ideas freely and participate, and have a mutual respect for each others opinions.
- We will share progress and keep other members informed
- We will work towards a strategic plan
- We will benefit from networking opportunities that the coalition provides, and build upon these relationships.
- Need to engage/include the stories of clients and patients. Let's put a face to the need.
- *Vision: We are inspired by one another!*

b) Common Goals

- To improve the oral and overall health of all residents of Saskatchewan.
- To address real needs
- Equal rights for all
- Advocacy
- *Vision: We learned, and saw where the needs were. Those needs are being met because of our work!*

c) Commitment

- Conviction
- Passionate and compassionate
- Caring
- Persistent, tenacious, energetic

- Selflessness
- *Vision: It was learning the needs, seeing faces put to the stories – that kept us motivated.*
*We **made** time for coalition work. The agencies we represent were behind us in our efforts, allowing us to focus energy on coalition initiatives, meetings, etc.*

d) Best Practises

- Discussing knowledgeable reports and resources
- Access to data trends, see what poor oral health is costing us
- Past experience – look to other jurisdictions to see how they are achieving similar goals
- *Vision: Employing these best practises, enabled us to make sound, needs based actions.*

2. What gave clarity to the group in times when they wondered whether something was a good idea or not?

- Seeing measurable results.
- Evidence based research.
- Success building upon smaller earlier successes.
- Seeing stories first hand
- Consensus.
- Being considerate of others agendas. Letting go of our own agendas, for the greater good of the coalition.
- *Vision: The solidarity and support found within our Coalition built confidence in what we were doing.*
- *Vision: After our first success – seeing the appointment of a CDHO for Saskatchewan, there was no stopping us! We knew that together we could improve the oral health of all Saskatchewan residents.*

3. How were decisions made?

- Developed well-defined goals
- Clarity – by having frank, open minded conversations. Listening and learning.
- By consensus.
- Decision making – group consultations and suggestions, with key individuals making final decisions?
- *Vision: When we had setbacks, met with resistance, or didn't see the improvements/results we knew were needed, we were open minded. We looked to other options, and thought “outside the box.”*

4. What allowed this group to become great?

- Accountability
- Inclusive of all
- Decision makers
- A generous budget