

Dental Therapy Community Engagement Guidelines for Advocates and Funders

Dental therapy is successful because it improves when, where and how care is delivered to communities, many of which have been underserved by the current dental delivery system; engaging communities is key in successful dental therapy policy. Below are some suggestions and guidelines for authentic community engagement in dental therapy campaigns for advocates and funders in their respective roles on these campaigns.

Suggestions for advocates:

- **“Nothing about us without us.”** First used in the U.S. by disability rights activists in the 1990s, “nothing about us without us” signifies that policy decisions should always be made in collaboration with those who will be directly impacted by them. In dental therapy campaigns, communities should be engaged early and continuously, from policy development to campaign planning. This includes meetings with legislators, testifying at hearings and other opportunities to share their stories in ways that are comfortable for them. It also includes following the lead of community members who may have their own events planned and/or expertise about how to engage others in the community. When you ask community members to [share their experiences](#), make sure you use and present that information as expertise and include them in broader conversations about policy. Be mindful not to tokenize members of marginalized communities and of prior experiences people may have with being used for their stories while shut out of other important conversations.
- **Engage communities where they are and respect the level of engagement in advocacy that community members have capacity for and the role(s) they want to play.** Provide opportunities (as well as relevant resources and training, where necessary and available) for moving up the [pyramid of engagement](#)/taking on leadership where there is interest, while

also respecting community members' participation in activities that may not fall under the umbrella of legislative advocacy. This also includes building and sustaining relationships with community-based organizations (CBOs) and community members who represent those most affected by dental disease. Consider attending community events that are important to your partners and sharing skills and resources beyond the bounds of the campaign you are working on.

- **Recognize experience navigating the dental delivery system as expertise in and of itself.** Communities offer important insights into how policies, programs and systems work, or are failing to work. Community members also bring skills in “traditional” advocacy areas like policy analysis, communications and relationship building, regardless of whether or not they have formal training in those fields.
- **Prioritize what communities need over easy “wins.”** Consider: What does it mean to win (or who wins) if the policy doesn't help communities get access to the care they need, in the ways and places they need it, and in ways that are respectful and culturally competent? For every policy option or compromise, consider any unintended consequences and center the communities that will be most impacted. It's important to confer with leaders in these communities to get their input.
- **Come back to your initial advocacy goals and what led you to work on dental therapy in the first place.** Consider: Why did you choose dental therapy as a policy goal? What policy options will get you to your goal(s)? And importantly, how and why were marginalized communities involved in identifying dental therapy as a policy solution?

Suggestions for funders:

- **Provide funding to CBOs, grassroots and community organizing groups, and other community-centric bodies** to support participation in advocacy campaigns. This may mean providing targeted funding for grassroots organizing on dental therapy campaigns, diversifying the type of organizations that receive funding to work on advocacy, or requiring grantees to subgrant to organizations that represent communities who are most impacted by dental disease (e.g., communities of color, tribal communities, low-income communities), among other strategies.
- **Provide funding to organizations regardless of 501(c)3 status**, so that organizations and groups who have systematically been left out of the funding structure have the opportunity to work on behalf of the oral health needs of their communities.
- **Build in space in grants for training/additional capacity building resources for CBOs who are new to advocacy.** Build flexibility into grants so there is space for new partners to learn, grow and bring their expertise to the policy advocacy process.
- **Consider your funding goals and use those to prioritize the advocacy campaigns and programs you support.** Consider: If you are investing resources with the goal of improving access to dental care, which policies, programs, or other efforts are most likely to achieve that goal?