



# Dental Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: [lcofano@astdd.org](mailto:lcofano@astdd.org)

**NOTE: Please use Verdana 9 font.**

<b>CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS</b>
<p><b>Name:</b> Zachary Brian, DMD, MHA</p> <p><b>Title:</b> Director</p> <p><b>Agency/Organization:</b> North Carolina Oral Health Collaborative (a program of the Foundation for Health Leadership and Innovation)</p> <p><b>Address:</b> 2401 Weston Parkway, Suite 203, Cary, North Carolina 27513</p> <p><b>Phone:</b> 231-340-1709   919-589-7524 (Office)</p> <p><b>Email Address:</b> <a href="mailto:zachary.brian@foundationhli.org">zachary.brian@foundationhli.org</a></p>
<b>PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM</b>
<p><b>Name:</b> Anne Thomas, BSN, MPA</p> <p><b>Title:</b> CEO &amp; President</p> <p><b>Agency/Organization:</b> Foundation for Health Leadership and Innovation</p> <p><b>Address:</b> 2401 Weston Parkway, Suite 203, Cary, North Carolina 27513</p> <p><b>Phone:</b> 919-821-0485</p> <p><b>Email Address:</b> <a href="mailto:anne.thomas@foundationhli.org">anne.thomas@foundationhli.org</a></p>

## SECTION I: ACTIVITY OVERVIEW

**Title of the dental public health activity:**

**Effective Coalition-Building  
to Advance Systems Change**

**Public Health Functions\*:** Check one or more categories related to the activity.

"X"	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
X	2. Analyze determinants of oral health and respond to health hazards in the community
X	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
Policy Development	
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
X	5. Develop and implement policies and systematic plans that support state and community oral health efforts
Assurance	
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
X	10. Conduct and review research for new insights and innovative solutions to oral health problems

**[\\*ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)**

**Healthy People 2020 Objectives:** Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	<u>Healthy People 2020 Oral Health Objectives</u>	
X	OH-1	Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
X	OH-2	Reduce the proportion of children and adolescents with untreated dental decay
	OH-3	Reduce the proportion of adults with untreated dental decay
	OH-4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
	OH-5	Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
X	OH-6	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
X	OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
X	OH-8	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
	OH-9	Increase the proportion of school-based health centers with an oral health component
	OH-10	Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component

	OH-11	Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year
X	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
	OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
	OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
	OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
	OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
	OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training
<b>"X"</b>	<b>Other national or state <a href="#">Healthy People 2020 Objectives</a>: (list objective number and topic)</b>	

**Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:**

Access to care | Equity | Policy | Coalition | Education

**Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.**

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

The North Carolina Oral Health Collaborative (NCOHC) is a statewide coalition focused on resolving consumer-level and systemic barriers to optimal oral health. NCOHC is a program of a nonprofit 501(c)(3) organization, the Foundation for Health Leadership and Innovation (FHLI). The Collaborative’s efforts are focused on raising awareness, leveraging community engagement, and driving sustainable policy change.

NCOHC is led by Zachary Brian, DMD, MHA, who oversees two full-time staff and contracts with a part-time political strategist in carrying out the Collaborative’s mission. More than 600 individual and organizational members play an integral role in driving our impact through collective action. The NCOHC is supported through a programmatic budget funded by the BlueCross BlueShield of North Carolina Foundation and The Duke Endowment.

Recently, we have focused on advancing innovative policy changes to expand access to preventive oral health care in North Carolina. These efforts have included co-sponsoring a regulatory change that would allow “direct access” for dental hygienists, permitting them for the first time to perform preventive oral health care services without a prior exam by a dentist. Our signature advocacy event, Oral Health Day, drew a record number of participants to the North Carolina legislature in 2019 to promote policies to increase access to oral health care. We have also educated thousands of North Carolinians, including providers, policymakers, dental students, and the general public. In 2019 alone, an NCOHC-organized fact-finding trip to San Francisco introduced providers, policymakers and supporters to an innovative model for teledentistry, and we provided direct funding for leadership development for dental safety-net providers and administrators. Our Director also led 40+ presentations across the state.

## SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

**\*\*Complete using Verdana 9 font.**

### **Rationale and History of the Activity:**

#### **1. What were the key issues that led to the initiation of this activity?**

Access to optimal oral health care remains limited for millions of North Carolinians, particularly racial minorities, those with low household income, and those living in rural areas. Access to oral health care is also severely limited due to a statewide maldistribution of dentists: the majority of North Carolina dentists practice in just one-fifth of the state's 100 counties. Further, while North Carolina's Medicaid program does include a relatively strong dental benefit, the percentage of North Carolina dentists accepting Medicaid is also significantly lower than the national average. Perhaps most importantly, however, North Carolina's regulatory environment presents obstacles to improving access to oral health care. Despite an overabundance of dental hygienists, North Carolina has not traditionally provided "direct access," significantly limiting hygienists' ability to provide critical preventive oral health care services to the state's most vulnerable populations.

#### **2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?**

The work of NCOHC is guided by publicly available data, which details the extent of oral health disparities in North Carolina, as well as evidence-based practices proven to increase access and equity. Wherever possible, we endeavor to leverage quantitative data and anecdotal evidence to raise awareness and advocate for innovative policy changes. The supporting data we cite comes from a variety of credible and respected sources, including the Sheps Center for Health Services Research at the University of North Carolina, the U.S. Department of Health & Human Services, the North Carolina Department of Health & Human Services – Oral Health Section, and the Federal Office of Rural Health Policy.

#### **3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)**

NCOHC was founded in 2013 as a program of the Foundation for Health Leadership and Innovation (FHLI). In 2013-2018, NCOHC focused on raising awareness of oral health disparities in North Carolina and educating stakeholders on the need for action to increase access and equity in oral health care delivery. During this time, the Collaborative laid the groundwork for building a diverse coalition of providers, policymakers, community partners, and other supporters to drive future policy initiatives.

Beginning in 2019, NCOHC pivoted to advocate for specific policy solutions and more directly engage with North Carolina legislators and policymakers in advancing these priorities. Last year, NCOHC celebrated its most significant policy achievement to date, co-sponsoring with the North Carolina Dental Society (NCDS) a regulatory change that increases access to preventive oral health care by allowing hygienists in high-need settings to administer preventive services without prior exam by a dentist. The rule change went into effect in 2020. In 2019, NCOHC membership grew to more than 600 individual and organizational supporters, and the program's signature advocacy event, Oral Health Day, drew more than 50 percent more participants than the previous year. Based on these accomplishments, in 2019 the BlueCross BlueShield of North Carolina Foundation and The Duke Endowment committed to fund the program for an additional three years.

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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**1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)**

While NCOHC strives to be most efficient in pursuing our objectives, our work would not be possible without the significant resources generously supported by our funders, principally the BlueCross and BlueShield of North Carolina Foundation and The Duke Endowment. Multi-year grants support NCOHC capacity, including a staff of three full-time employees as well as a contract political strategist. Funds are leveraged to acquire and maintain communications technology, organize public events, and support provider and policymaker education.

Our work would not be possible were it not for the strong, collaborative relationships we have established with providers, policymakers, community organizations, and individual advocates. We have developed productive and critical relationships with key “grasstops” organizations including the North Carolina Dental Society (NCDS) and North Carolina Board of Dental Examiners (NCSBDE). Our work is supported by collaborative partnerships with the University of North Carolina Adams School of Dentistry, East Carolina University School of Dental Medicine, and the Department of Public Health at Campbell University. Each partner brings a unique perspective to the Collaborative. NCDS and NCSBDE both support and provide perspective on policy initiatives throughout the policy-making process. Universities provide expertise in evidence-based practices and current research initiatives surrounding oral health outcomes. NCOHC also works with students in various universities to provide applied learning opportunities and expose students to the oral health landscape and policy-making process in North Carolina. In addition to NCOHC’s grasstop and academic partners, our grassroots members have helped mobilize messaging support for policy change. Their uniquely impactful stories help to not only shape our policy priorities, but also provide context to the barriers which the policies are aimed at addressing. Legislators across both parties have been receptive to meetings with NCOHC members.

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**2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.**

NCOHC started in 2013 and is a program of the Foundation for Health Leadership & Innovation (FHLI), which serves as its administrative home. FHLI, launched in 1982, is a nonprofit 501(c)(3) organization that develops innovative programs aimed at advancing services and improving overall health in North Carolina and beyond. FHLI supports diverse programming, like NCOHC, that builds a healthier North Carolina through collaboration. Currently, NCOHC operations and strategy are led by a Program Director, operational support is provided by a Program Coordinator, and communications support is provided through a Communications Associate, Content Marketing Specialist. A contract Political Strategist assists in advancing NCOHC’s policy priorities. Furthermore, NCOHC is advised by a volunteer committee of leading experts and influencers in oral health care in North Carolina, known as the Collaborative Acceleration Team (CAT).

The CAT consists of a group of stakeholders including public health dentists, philanthropists, distinguished academics, community members and NCOHC staff. CAT members provide input and feedback on strategic direction and policy priorities.

NCOHC currently focuses on three “Strategic Pillars” (services) in pursuing its mission: Advocacy, Community Engagement & Outreach, and Resource Center, which is an online database of oral health-related resources for providers, policymakers, and the public.

At the core of NCOHC’s work is the facilitation of collaboration among a diverse network of strategic partners, including providers, policymakers, community organizations, and the general public. NCOHC’s partners convene to lend insight on current oral health access issues, discuss innovative solutions, and bring work back to their own organizations. Partners also engage in the sharing of resources and communication to increase awareness of specific oral health issues, priorities and

evidence-based practices. To this end, NCOHC organizes advocacy events, provides direct education, and spearheads collective action for systems change.

In 2017-2019, NCOHC administered a mini-grant initiative providing direct financial support to community-based organizations in order to increase engagement with their community members on oral health issues. The mini grantees were awarded funding support in order to facilitate resource development, messaging framing, and hosting of community focus groups in order to assess systemic barriers to oral health access and equity. Additionally, since 2019 and through a unique sub-grant opportunity, NCOHC has also provided direct financial support for public health providers and administrators, enabling them to attend conferences and other leadership-building educational opportunities.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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**3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)**

Since its founding in 2013, NCOHC has led the statewide conversation on increasing access and equity in oral health care for all North Carolinians. It has provided resources to providers, community members and other key stakeholders through publications, such as the [Portrait of Oral Health](#) and [Innovations in Oral Health Care](#). Having grown its membership to more than 600 organizations, providers, policymakers and individual advocates, NCOHC has developed a statewide network of oral health champions committed to advancing policy change and innovative, evidence-based practices. It has established itself as a leading voice in oral health policy in North Carolina, with the Program Director leading 40+ presentations and workshops for various stakeholder groups throughout the state in 2019 alone.

Most recently, NCOHC successfully co-sponsored with the North Carolina Dental Society (NCDS), a regulatory change that expands access by eliminating the prior exam requirement for preventive oral health care services in high-need settings. NCOHC and NCDS worked collaboratively to draft the language of the rule needed to achieve this change, with community stakeholder support through the Council on Prevention and Oral Health (a NCDS initiative). This rule was approved and written into law in early 2020.

Similar efforts to implement policy changes to improve access to oral health care are also underway. These policy initiatives include but are not limited to: advancing reimbursement payment models from the Department of Medical Assistance (Medicaid) for teledentistry; introducing state legislation to allow dental hygienists to administer anesthesia; and, extending post-partum dental benefits under the state’s Medicaid program to 60 days post-partum.

In 2019, NCOHC made significant strides in building leadership and promoting evidence-based practices in safety-net clinics, while directly funding the attendance of providers and administrators to conferences and continuing education opportunities. These funding opportunities represent the initial phase of NCOHC’s efforts to help build leadership capacity within the state’s safety-net dental facilities. The continuing educational efforts are focused on improving preventive service delivery, decreasing no-show rates, as well as strengthening providers’ understanding of social determinants of health.

NCOHC has taken an active approach in cultivating practices to strengthen patient-provider communication. Specifically, NCOHC’s Director has served as faculty for Motivational Interviewing leaning sessions. Five sessions were provided in total, and the educational partner was Mountain Area Health Education Center (MAHEC).

To further our regional impact, NCOHC absorbed the work of the WNC Children’s Oral Health Collaborative in early 2020. This diverse group of dental and allied health professionals work within the 16-county region of Western North Carolina in order to advance systems change within that region. NCOHC felt that in order to drill vertically and influence local government, it was important to align the work of the regional collaborative and NCOHC. With close alignment of mission and vision, the two entities merged, and now the WNC Children’s Oral Health Collaborative is a regional extension of NCOHC. Additional staffing is forthcoming as NCOHC strongly believes that to garner trust, it is

paramount that the WNC have a locally known staff person to represent NCOHC in western North Carolina.

Momentum is growing. In 2019, NCOHC hosted its most successful Oral Health Day yet, increasing attendance by more than 50 percent and connecting oral health advocates with more than 40 state legislators. NCOHC invited all partner organizations to attend with planning and execution of the event occurring internally, and with the help of volunteers for day-of logistics. Legislative visits were scheduled in advanced by NCOHC staff unless participants indicated that they preferred to schedule the visit on their own. The schedule of events included invited speakers from partner organizations and a legislative representative, followed by meetings with legislators and a group debrief. Oral Health Day 2020 planning is currently underway.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. **What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.)** Please include the following aspects:
- How outcomes are measured
  - How often they are/were measured
  - Data sources used
  - Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

While the NCOHC only recently shifted to directly advocate for policy change and the results of these initiatives have yet to be studied statewide, our impact is nevertheless quantifiable in other important measures, including but not limited to:

- \$130,000 provided to 7 Mini-Grantees in Phase 1 and 6 Mini-Grantees in Phase 2 in order to advance oral health education and engagement in disproportionately at-risk communities.
- 12 providers, policymakers, and supporters sponsored to participate in a fact-finding trip introducing them to innovative models for teledentistry in California.
- 11 providers, policymakers, academic leaders and advocacy partners sponsored to participate in a fact-finding tour of the Telehealth Center of Excellence in Charleston, South Carolina to explore potential applications for teledentistry in North Carolina.
- 8 providers and administrators sponsored to participate in the National Network for Oral Health Access (NNOHA) Sealants Improvement Collaborative, in order to increase dental public health clinics' delivery and evaluation of sealant programs in North Carolina.
- 10 attendees sponsored to participate in the NNOHA annual conference in order to build leadership among dentists and administrators in North Carolina's safety-net dental clinics.
- 40+ state legislators briefed on oral health disparities in North Carolina and introduced to evidence-based interventions as part of 2019 Oral Health Day.

**Budgetary Information:**

NOTE: Charts and tables may be used to provide clarity.

**1. What is the annual budget for this activity?**

Across a grant cycle of three years, the annual budget for NCOHC's work roughly exceeds \$800,000.

**2. What are the costs associated with the activity?** (Including staffing, materials, equipment, etc.)

NCOHC's costs include but are not limited to: three full-time staff and one contractor, office space and supplies, communications technology, print materials, travel, philanthropic scholarships, event-related expenses such as facility rental and supplies, and transportation.

**3. How is the activity funded?**

NCOHC is generously funded by grants from two primary sources: the BlueCross and BlueShield of North Carolina Foundation, and The Duke Endowment. Historically and for program creation, initial funding was received from the Kate B. Reynolds Charitable Trust and the DentaQuest Foundation.



#### **4. What is the plan for sustainability?**

In order to sustain our work increasing access to oral health care for all North Carolinians, NCOHC continually pursues grant opportunities from current and potential funders. No less important, we focus on developing expertise and capacity among providers, policymakers, community partners, and the general public in order to amplify our work. NCOHC membership has grown exponentially in the last year with over 600 members and member organizations committed to driving our grassroots movement to increase access and equity in oral health throughout North Carolina.

Additionally, the sustainability of our work is enhanced due to our status as a program of the Foundation for Health Leadership & Innovation (FHLI). With nine separate but integrated programs under FHLI, NCOHC is able to take an interdisciplinary approach that leverages the combined experience and expertise of these other statewide health policy leaders.

#### **Lessons Learned and/or Plans for Addressing Challenges:**

##### **1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?**

The most important lesson learned has been the significance of collaboration and partnership in pursuing our mission and policy objectives. Our success addressing oral health care disparities and increasing access and equity is primarily the result of facilitating connection and collaboration between both traditional and non-traditional stakeholders. There are many organizations and individuals with similar objectives throughout North Carolina, however prior to NCOHC efforts, little had been done to connect these entities and encourage their collaboration.

One thing we would have done differently is try to establish relationships with key legislators, policymakers and influencers earlier in the process. While NCOHC has consistently engaged with the public and community partners, it was only after taking concrete steps under Dr. Brian's leadership to engage these influential individuals and organizations that we were able to make significant strides in implementing our desired policy outcomes.

##### **2. What challenges did the activity encounter and how were those addressed?**

Initially, NCOHC had difficulty establishing itself as a credible voice for policy given the North Carolina Dental Society's (NCDS) relatively sole primacy in this arena for more than 150 years. As NCOHC's leadership developed to include a provider with both clinical and policy experience, the program has positioned itself as expert counsel to policymakers and decision-makers throughout North Carolina. The Director of NCOHC worked closely with NCDS leadership to establish a relationship built in trust and transparency in order to find a common agenda. NCOHC also established trusted relationships with North Carolina legislators, offering expertise in the oral health arena and a collaborative approach. Additionally, the internal development of a five-year Strategic Plan in 2019 refocused the organization's resources toward measurable outcomes, further projecting NCOHC's effectiveness among state leaders in oral health.

#### **Available Information Resources:**

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

[NCOHC Strategic Plan 2019-2024](#)

[Portrait of Oral Health in North Carolina](#)

[Innovations in Oral Health Care](#)

[Unlocking the Door to New Thinking: Frames for Advancing Oral Health Reform](#)



<b>TO BE COMPLETED BY ASTDD</b>	
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