



# Dental Public Health Activity Descriptive Summary

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## Engaging Regional Providers and Stakeholders in Improvement Planning

A state plan is foundational to develop policies and identify actions to reach its goals and its success requires the support of those who must implement it. North Carolina's newest Oral Health Plan is being written in partnership with the safety net dental providers and oral health stakeholders who will be engaged in implementing the plan.

Pulling stakeholders and safety net oral health providers together for this planning has added no cost to our program. Several years ago, our staff began to work in Regions, serving about 10 counties each, and convened **Regional Oral Health Alliances** (ROHA) comprised of local public health professionals and stakeholders with the goal to improve oral health locally. Our oral epidemiologist provided each of the ten Regions **Oral Health Snapshots**, one-pagers of data points that Alliances could use as their "community oral health assessment." ROHAs spent FY 2018-19 focusing on one data point to address, and FY 2019-20 drafting additional goals to create their own multi-year plan. By bookending the plans, North Carolina will have an Oral Health Plan written by the stakeholders and providers across the state who will be engaged doing the work.

Statewide goals to improve oral health have been drafted with focus areas represented across the lifespan. The plan is expected to be finalized and launched at the end of June 2020.

This activity has had its challenges. Because our members are busy with their own activities, they determine how they want to partner in their Region's improvement plan. Aligning goals of a diverse stakeholder group has been difficult, but we have found that communication and flexibility have been key in staying on track.

### Lessons Learned:

**Ensuring participation** of outside partners has been difficult, but this has been overcome by allowing our members to decide how they want to partner in their Regional Oral Health Alliance Plan. (The Oral Health Section is not assigning work for our ROHA members to do.) If at some point in time the OHS budget were to be reduced or cut, the ROHA members who want to continue this work could continue to meet to address oral health issues.

**Time management** has been important in this endeavor. Understanding that our ROHA members are busy with their full-time jobs, Oral Health Section field staff have supported each step along the way so as not to create any unnecessary work for members. It is in this manner that they are acting as servant leaders.

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