



Dental Public Health State Activity Submission Form

ASTDD’s goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at lcofano@astdd.org

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STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy) Minimum=300 Maximum=500	
Activity title:	Legislative Adoption of Teledentistry in North Carolina: Lessons Learned and Opportunities Ahead
State/Territory:	NC
Summary overview, which may include the following: <ul style="list-style-type: none"> Objectives Rationale Personnel Key partners Costs & sustainability 	
<p>In cooperation with the North Carolina Dental Society and other key stakeholders, the North Carolina Oral Health Collaborative successfully influenced the passage of legislation codifying teledentistry in the North Carolina Dental Practice Act in 2021. Teledentistry is an innovative care modality that can dramatically increase access to care, particularly for at-risk populations in rural communities. Its impact has been especially acute during the COVID-19 pandemic when access to care in traditional dental offices was limited and diverting emergency department visits was crucial. Central to the effort to pass Session Law 2021-95 was collaboration among a diverse network of traditional and non-traditional stakeholders alike. NCOHC cultivated relationships with community leaders, legislators, policymakers, and other decision-makers to influence the legislation while simultaneously generating momentum for change through grassroots advocacy. Private payers and North Carolina’s Medicaid division were also engaged and educated. These</p>	

efforts were supported by a comprehensive communications strategy, public advocacy events, and a “mini-grant” program.

Challenges included a lack of understanding of teledentistry’s capabilities and potential by legislators, other policymakers, and dental providers, which NCOHC countered with targeted outreach and supporting educational opportunities. The effort required significant advance planning. Based on previous experience in policy advocacy, NCOHC began preparations for the teledentistry legislative effort nearly two years before the General Assembly considered the legislation. Important activities at the outset of the effort included identifying key legislators, policymakers, decision-makers, and influencers (“[power-mapping](#)”), and out-of-state educational visits to introduce these stakeholders to successful cross-state models of teledentistry.

Lessons learned (Successes and **Challenges**):

NCOHC had learned from previous advocacy efforts the importance of identifying key stakeholders and influencers early in the process and giving credence to various relationship dynamics and power structures. “Power-mapping” was found to be a useful exercise.

Regarding communications, NCOHC leadership learned throughout the process the importance of emphasizing different messages for different audiences. While teledentistry’s ability to increase access, equity, and outcomes formed the basis of an influential message for community leaders and the general public, for example, a message focused on cost savings was far more effective in securing support from legislators, policymakers, and public and private payers. Similarly, an integrated approach was found to be effective; NCOHC strived to incorporate multiple touchpoints and various formats, such as in-person “live” demonstrations, webinars, blog posts and visual aids, such as videos and infographics.

NCOHC learned the importance of keeping itself viewed as apolitical, rooted in evidence and basking in a spirit of bipartisanship. To that effort, NCOHC leadership deliberately engaged with legislators and media outlets representing a diverse ideological spectrum.

Based on previous experience in policy reform, NCOHC pursued a “3-track” strategy for this project, encompassing education and awareness-building; policy change; and implementation assistance (ongoing). The third point is particularly crucial; in many cases, implementation assistance after policy change is overlooked, but is vitally important.

Given the importance of relationship and coalition-building and evidence-based policy, NCOHC leaned heavily on the advice and support of an advisory board, the Collaborative Acceleration Team. The “CAT” comprises national and state leaders in oral health and health innovation, including researchers, administrators, and funders.

Above all, NCOHC benefited from advance planning.

In the future, NCOHC would endeavor to focus more on qualitative research, leveraging storytelling to convey community impact. Efforts to engage partner organizations in amplifying NCOHC’s message could also have been augmented to include additional text and graphic assets customized for the specific partner and audience.

TO BE COMPLETED BY ASTDD	
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