

Dental Public Health Activity Descriptive Summary

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Program Development, Collaboration, and Sustainability

The West Virginia Oral Health Program (OHP) in its present form is a young, diversified, and ambitious collection of staff, investors, and oral health champions. Even though the OHP has been in existence for years, it has not been until recently that the program has gained significant traction earning both positive state and national reputations. This recognition stems from promising outcomes achieved via the unique “business-model” approach to population based oral health. A new approach to seeking funding redefines traditional financial resources and looks to include funders that are “investors” in the promotion of oral health. This includes advocacy, earned media, and engaged participation versus traditional required reporting.

Cross cutting elements of business principles in OHP programming include: practice/program growth, staff management, treatment plan development in the form of dental public health activities targeting population-based health, patient satisfaction components, profitability, and maintaining professional networks. A broad range of strategies, goals, and new hires have led to unique advancements in program development and coalition support for the OHP. In addition, the procurement of a wide range of funding/investing sources has catapulted the program forward in times where other Oral Health Programs have experienced drastic cuts.

A main catalyst/driver that fueled an initial flurry of activity came from The Claude Worthington Benedum Foundation. In West Virginia, the Benedum Foundation is recognized as an “investor” versus a traditional funder. This foundation has a standing health agenda and a history of tackling difficult health issues in the Appalachian region. The Benedum Foundation recognized a need from discussions with young leaders for young leadership that would champion, institute, and lead evidence-based approaches to dental public health. The Foundation cultivated and nurtured that need by investing seed dollars in a range of projects from training primary care providers on the utilization of fluoride varnish to expanding school-based sealant programs. The Foundation continues to monitor their initial investment and has been a constant source of support both financially and in advocating for policy change.

Lessons Learned:

- Working in a system that is not conducive to change and transformation can be challenging. Unfortunately, some of the harshest criticisms to advancement come from within state entities and from both the policy and dental communities.
- Strong –willed, optimistic leadership, motivated staff, and both a desire and ability to enact change or at least disrupt current systems is critical. Because oral health is often overlooked in the areas of education, programming, surveillance, and policy there are many times leadership must be fearless and create a seat at the table to advocate on behalf of the voiceless.
- In addition, engaging oral health champions is key for advocating for policy/legislation targeted to improve population based oral health. Relationships with oral health champions i.e. legislators, WV oral health coalition members, must be forged and maintained before times of turbulence and adversity present.

- Finally, “diversity in funding and commonality in purpose.” Multiple funding sources must be sought to ensure long-term program sustainability. Common ground must be sought with both traditional and non-traditional partners to ensure collective impact, maximize efforts, and ensure efficiency with limited resources.

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