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

NOTE: Please use Verdana 9 font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Engaging Regional Providers and Stakeholders in Improvement Planning

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

"X"	**Assessment**
X	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
	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
	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
	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
	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"	**Healthy People 2020 Oral Health Objectives**	
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
X	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
	OH-6	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
	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

"X"	**Other national or state Healthy People 2020 Objectives: (list objective number and topic)**
X	TU-1 Reduce tobacco use by adults
X	TU-2 Reduce tobacco use by adolescents

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:

State Plan, coalitions, population based, community assessment, efficiencies

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.

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.

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?

The Oral Health Section (OHS) is tasked with moving dental public health initiatives forward. One of the ways we do this is through hosting regional stakeholder meetings that bring together safety net dental providers. It is this stakeholder group that we are creating our next state plan.

The Oral Health Section operates under a work philosophy of **Leadership, Training, Partnership**. Staff are the dental public health leaders for the state; we train those interested in doing our evidenced-based programs, and we move forward as partners in implementing dental public health programs. Partners are trained to:

2. Conduct school-based dental sealant projects
3. Offer fluoride mouth rinse (on hold)
4. Implement regular toothbrushing programs in early childhood programs
5. Offer a bundle of oral health services by medical providers during well-child visits
6. How medical providers can screen and refer pregnant women for dental care
7. To implement daily hygiene programs in long term care facilities

Oral Health Section staff were restructured to working in Regions in 2015. In 2016, Public Health Dental Hygienists convened **Regional Oral Health Alliances**, comprised of local public health professionals and stakeholders working together to improve oral health locally, and thereby creating a group we could work with as we considered designing North Carolina's new Oral Health Plan.

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

A state plan enables a state to create comprehensive goals to improve oral health of its citizens. Because both its planning and success need the support of those who must make it happen, a collaborative process would ideally be used. That is why 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 its implementation.

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

- In 2016-17, our staff convened **Regional Oral Health Alliances** (ROHAs), 10 oral health teams.
- In 2017-18, we created **Oral Health Snapshots** or "community assessments" for each Region.
- In 2018-19, ROHAs used their snapshot to address and prioritize areas for intervention.
- In 2019-20, ROHAs have been asked to create goals for multiple areas for a multi-year plan.

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

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

Regional Oral Health Snapshots: These one-pagers share the data points of the 10 regions highlighting the oral health programs or the status of populations across the lifespan. Snapshots are valuable tools for assessing communities at a regional level throughout the state.

Alliance membership: Alliances are comprised of local oral health providers and stakeholders willing to partner in addressing the needs in their community. ROHA members volunteer their time.

Evidenced-Based programs: Alliances are encouraged to use evidenced-based practices. The programs offered by the Oral Health Section are such models.

Funding: there is no funding for this project. OHS staff have ROHA leadership activities, including facilitation of meetings in their work plans.

INPUTS	**PROGRAM ACTIVITIES**	OUTPUTS	OUTCOMES

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

Administration: This project has been led through our main office. Field staff submitted their plan drafts to the main office to review/revise, which were then sent back to be shared with their Alliance members. Field hygienists have worked with their Regions using the Snapshot to discuss areas they could partner on. The Alliances determine the goals they want to address. The Section office works to bring the multiple plans under one cohesive voice and make minor suggestions. For example, an Alliance wants to address perinatal oral health, early childhood oral health, and oral health for school-aged children by increasing the number of sealant projects in their region. The Section office will loop back to the Alliance and suggest they incorporate tobacco cessation messages to the school children and the pregnant women.

Operations: The field hygienists support the ROHA by planning and facilitating meetings. The OHS offers dental public health programs as models to mirror and refine as needed. The expectation is that once this plan is in place, the work will move forward without having to create new systems of providers—just encouraging existing providers to extend into new areas. Through partnering around existing services and by promoting each other's work, the OHS hopes to see the compounding effects of having the support of an engaged team.

Services: Membership all have their own responsibilities with full-time jobs. Understanding that our ROHA members are busy has informed OHS staff's role as "**servant leaders,**" who keep the project moving forward. Staff plan and facilitate the meetings as well as act as the liaison between the ROHA and the OHS central office.

For instance, field hygienists submitted their ROHA's draft plans earlier this year. Section leadership reviewed the 10 drafts and found that all nicely fell into one of four buckets of overarching activities to improve oral health in NC. By sharing those with the ROHA, hygienists enabled their teams to more easily identify additional programs. Dental hygienists do the administrative work of the Alliances—agenda, meeting notes, scheduling, and putting the goals the Alliance identifies to be in the plan on paper.

INPUTS	PROGRAM ACTIVITIES	**OUTPUTS**	OUTCOMES

3. <u>What outputs or direct products resulted from program activities</u>? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

The OHS vision is that North Carolina will have its next Oral Health Plan written by our dental public health colleagues across the state. By looking at the goals the ROHAs submitted and putting them in domains of the public health activities in NC, it turned out that all goals fell into one of four domains. The Oral Health Improvement Plan will address social determinants of health, health literacy, evidenced-based programs and collaborative practice models. These four domains have been drafted in the following manner:

(1) Addressing social determinants of health and promoting healthy habits,
(2) Promoting evidence-based disease prevention,
(3) Supporting collaborative practice models to expand access and increase utilization of dental services, and
(4) Improving oral health literacy through culturally competent messages that educate the public, dental teams, and policy makers.

Each ROHA allows their members to identify for themselves how much they are able to participate in its implementation. For instance:

- Is there an interest in learning how to assist someone in applying for Medicaid? Or finding smoking cessation programs for a client?
- Are members willing to promote an upcoming dental sealant project at a summer program or post a social media message about the importance of oral health during pregnancy?
- Can an oral health organization host a vendor table at an upcoming community event? Or is a provider team interested in hosting their own dental sealant project?

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	**OUTCOMES**

4. **<u>What outcomes did the program achieve</u>? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.)** Please include the following aspects:

a. How outcomes are measured
b. How often they are/were measured
c. Data sources used
d. 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)

The most significant outcome to date has been that field staff have created ten engaged stakeholder groups collaborating to improve oral health in their community, either through addressing social determinants of health, health literacy and/or by expanding preventive programs and collaborative practice models.

The tracking system is the Oral Heath Snapshot. Each regional team has their own Oral Health Snapshot which can be updated to track progress and measure overarching outcomes. As each region addresses their targets, we expect the data points to eventually improve. It is not a perfect system, as our Snapshots will not track social determinants of health or health literacy. However, by increasing or work in these areas, we may see improved oral health reflected in the data on the Snapshots.

Oral Health Snapshots can be updated as needed. Data is collected every year, every two years, and every five years, depending on the data point. The schedule of what will be collected is still in process.

Data points are represented from the following sources: North Carolina Calibrated Dental Assessment, Oral Health Section Staff Weekly Service Report, Centers for Medicare and Medicaid Services (CMS) CMS-416 Annual Early and Periodic Screening, Diagnostic and Treatment (EPSTD) Participation Report, North Carolina Fluoride Moth Rinse Report, NC Perinatal Basic Screening Survey, Centers for Disease Control and Prevention (CDC) Water Fluoridation Reporting System, NC Youth Tobacco Survey, and the NC Behavioral Risk Factor Surveillance System (BRFSS)

This State Plan is expected to be a five-year plan. Fortunately, it can be added to or revised in the upcoming years for long-term impact.

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

1. What is the annual budget for this activity?

No budget was created for the activity; however, members have spoken of the need to apply for grants to expand services outlined in the plan.

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

There are no associated costs with creating the ROHA or working as a team to write the next Oral Health Improvement Plan. The activities of facilitating and supporting the Regional Oral Health Alliances has been incorporated into the workplans of the existing field staff of the Oral Health Section. ROHA meetings are hosted at sites willing to do so at no charge and conference calls are offered for members who cannot travel to meetings. To support those who cannot take any time away from their work to participate, our staff take and share meeting minutes with their entire membership.

3. How is the activity funded?

If organizations want to expand their dental public health programs or services, they are encouraged to apply for grant funding. However, the Alliances do not require any work nor fund any activities. The NC Oral Health Section does not distribute funds to the Regional Oral Health Alliances. ROHA are no-cost oral health stakeholder groups. We encourage their participation, but they are not in any way required to participate in any meeting or activity. Some Alliances are interested in submitting for grant funding and they are encouraged to do so through their local channels.

4. What is the plan for sustainability?

We have created oral health stakeholder groups that are working together to address oral health in their regions. Future meetings will likely have members share program updates and address obstacles as a team. In a real sense, our goal is to have our members support each other in improving oral health locally. We envision having these meetings turn into learning collaboratives as teams begin to better understand concepts such as social determinants of health, health in all policies, accountable care organizations and community mapping for support services and resources.

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?

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.

2. <u>What challenges did the activity encounter and how were those addressed</u>?

We have had challenges, mainly **time management**.

(1) Some feedback has been that the OHS moved too slowly, other folks have shared they think it has gone too quickly. This leads to the conclusion that it is not possible to meet everyone's expectations.
(2) The OHS team learned that it needed to outline steps on a timeline and remain focused on deadlines.
(3) To make the best use of their quarterly ROHA meetings, our field staff have tried to offer examples that members can use for each step along the way. Again, the OHS is not trying to create work for our members.

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.

NC Oral Health Snapshots https://publichealth.nc.gov/oralhealth/stats/

TO BE COMPLETED BY ASTDD	
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