



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 Arial 10 pt. font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

Name: Zachary Brian, DMD, MHA

Title: VP Impact, Strategy & Programs; Director

Agency/Organization: Foundation for Health Leadership & Innovation; North Carolina Oral Health Collaborative

Address: 2401 Weston Parkway, Suite 203, Cary, NC 27513

Phone: 231-340-1709

Email Address: zachary.brian@foundationhli.org

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

Name: Ben Popkin

Title: Political Strategist

Agency/Organization: Popkin Strategies, LLC

Address: N/A

Phone: 919-219-8221

Email Address: ben@popkinstrategies.com

SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

**Legislative Adoption of Teledentistry in North Carolina:
Lessons Learned and Opportunities Ahead**

Public Health Functions* and the 10 Essential Public Health Services to Promote Oral Health:
Check one or more categories related to the activity.

“X”	Assessment
	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
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
	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 2030 Objectives: Please list HP 2030 objectives related to the activity described in this submission. If there are any state-level objectives the activity addresses please include those as well.

“Increase use of the oral health care system.” OH-08

“Reduce the proportion of people who can’t get the dental care they need when they need it.” AHS-05

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:

Policies: Access to Care; Access to Care: Communities, Teledentistry; Health innovation; Payment reform

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.

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 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.

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 Arial 10 pt.**

Rationale and History of the Activity:

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

Despite expanded use in recent years, especially during the COVID-19 pandemic when Medicaid reimbursement was temporarily extended in North Carolina, teledentistry has never been formally recognized as a care modality in the North Carolina Dental Practice Act. The implications of this were both practical and financial, with providers hesitant to engage in a non-codified mode of care delivery and reimbursement for teledentistry lagging by public and private payers alike. However, a growing body of research supports teledentistry's application in increasing access to care and improving oral health outcomes, especially for vulnerable populations in rural areas and historically marginalized populations. Teledentistry is particularly applicable in North Carolina, where more than 4+ million residents live in rural communities, and every one of the state's 100 counties is designated as a Dental Health Provider Shortage Area by the U.S. Health Resources and Services Administration (HRSA).

Before the passage of Session Law 2021-95, North Carolina's dental workforce was primed for expanding teledentistry; the state has both [a shortage of dentists and a surplus of dental hygienists](#). Additional advocacy efforts by NCOHC and others in recent years had resulted in an expansion of direct access by hygienists in certain high-need settings, allowing for greater use and efficiency of teledentistry modalities.

Nevertheless, prior to NCOHC's push for legislation to codify teledentistry in the North Carolina Dental Practice Act, many providers, legislators, policymakers and other decision-makers remained

wary of the care modality's application. By 2019, it was apparent to NCOHC leadership that if teledentistry legislation were to be successful, a concerted effort would need to be made to demystify this innovation in oral health care delivery.

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

Teledentistry's impact on increasing access and improving outcomes in oral health is well documented, and research is ongoing. A [2018 systematic review](#) determined that "teledentistry could be comparable to face-to-face for oral screening, especially in school-based programs, rural areas and areas with limited access to care, and long-term care facilities." [Another review](#) in 2013 found "a consistent trend in the literature supporting the efficacy and effectiveness of teledentistry" and that "preliminary evidence suggests cost savings for health care facilities." A [study in 2017](#) concluded that "teledentistry provides a viable option for remote screening, diagnosis, consultation, treatment planning and mentoring in the field of dentistry." In light of the growing evidence, the American Dental Association (ADA) issued an [updated policy on teledentistry](#) in 2020, declaring that "teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations where the services are rendered."

In addition to formal peer-reviewed research, NCOHC leveraged anecdotal evidence to support its advocacy for teledentistry legislation. NCOHC organized two fact-finding trips to introduce providers, policymakers and other influencers to successful cross-state models for teledentistry, including tours of the Virtual Dental Home model in California and the Medical University of South Carolina's Center for Telehealth, a HRSA-designated "Center of Excellence." Both programs have been recognized for their innovative work leveraging teledentistry to expand access and improve outcomes.

NCOHC brought the demonstration closer to home, with the launch of a "mini-grant" program. With supplemental funding from the Blue Cross and Blue Shield of North Carolina Foundation, NCOHC supported the purchase of teledentistry software and equipment by 18 safety-net dental clinics. The success of the mini-grant program generated additional momentum for legislative change.

Finally, in the months leading up to introduction of the legislation, NCOHC participated in and led several convening efforts to educate and solidify support and collective engagement of key stakeholders. These activities included a Teledentistry Symposium, jointly organized by the University of North Carolina Adams School of Dentistry and the East Carolina University School of Dental Medicine.

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

The effort began more than two years prior to the law's passage with the finalization of the NCOHC 2019-2024 Strategic Plan, which prioritized teledentistry legislation as a key policy priority. Following that designation, NCOHC immediately began work to identify key stakeholders and build a comprehensive plan for outreach, education, communication and coalition-building.

Key milestones in this project included:

- **March 1, 2019 | Telehealth Summit:** intended to introduce North Carolina stakeholders to access barriers facing rural populations and position teledentistry as a viable option
- **July 31 — August 3, 2019 | Fact-Finding Tour of the "Virtual Dental Home" Model for Teledentistry:** an NCOHC-funded trip to California introducing 12 key stakeholders to an innovative model for teledentistry pioneered by Dr. Paul Glassman
- **February 20-21, 2020 | Fact-Finding Tour of MUSC Center for Telehealth:** an NCOHC-funded trip to Charleston, South Carolina introduced key stakeholders to innovations in teledentistry at a HRSA-designated "Center of Excellence" for telehealth at the Medical University of South Carolina
- **March 6, 2020 | Teledentistry Symposium:** NCOHC participated in a convening of experts in teledentistry, introducing key stakeholders to potential policy reforms
- **March 2020 — December 2020:** NCOHC supported mini-grants for the purchase and implementation of teledentistry in certain safety-net dental sites across North Carolina

- **July 3, 2020 | Oral Health Day 2020 Part 1:** Part 1 of NCOHC’s annual advocacy event introduced legislators, policymakers, influencers and community members to NCOHC’s roadmap for teledentistry policy change
- **October 23, 2020 | Oral Health Day 2020 Part 2:** Part 2 of NCOHC’s annual advocacy event featured teledentistry demonstrations and case studies to dispel misconceptions, raise awareness for the care modality’s potential, and generate support for the forthcoming legislation
- **February 24, 2021 | Legislation Introduced in North Carolina General Assembly Long Session**
- **July 23, 2021 | Session Law 2021-95 passed by the North Carolina General Assembly**
- **August — CURRENT:** Implementation guidance in the form of peer-to-peer coaching, technical assistance, and consultation regarding product and clinical care delivery

Key stakeholders strategically involved in one or both trips included: North Carolina Dental Society leadership; North Carolina State Board of Dental Examiners leadership; academics representative of the state’s two dental schools; advocacy group, NC Child; philanthropic partners; NC Department of Health and Human Services Dental Director and Section Chief; federally qualified health center dental director and associated leadership; dental hygiene representative and dental hygiene community college department head.

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.)

NCOHC led the effort to influence passage of Session Law 2021-95, supported by a full-time staff of three: a Director, Program Coordinator, and Content Marketing Specialist. Direct lobbying services were provided by a contract Political Strategist. These positions were funded through program operating funds.

Beyond staffing and funding, the success of this policy advocacy was based largely on the collaborative relationships NCOHC forged and cultivated with traditional and non-traditional stakeholders across the state. These stakeholders included community leaders, legislators, policymakers, public and private payers, academic leaders, private and safety-net providers and other influencers.

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.

NCOHC’s Director, Dr. Zachary Brian, led policy advocacy efforts, pushing to include teledentistry in NCOHC’s 2019-2024 Strategic Plan. He supervised NCOHC staff in support of the outreach, education, and communications campaigns aimed at key stakeholders, including the following activities and events:

- 1:1 outreach to legislators, policymakers, academic leaders, influencers, and community leaders
- Oral Health Day” advocacy event (virtual), including demonstrations of teledentistry and case studies examining teledentistry in action across North Carolina (link found in Available Information Resources).
- Educational “fact-finding” tours of cross-state teledentistry models A “mini-grant” program, in which NCOHC provided 18 safety-net dental clinics with funding for an annual subscription to a teledentistry software platform and equipment
 - The mini-grant program allowed NCOHC to encourage safety-net sites to implement and test teledentistry services for their patients in an effort to generate buy-in and gain their support for the legislation
 - This funding was made possible through the Blue Cross and Blue Shield of North Carolina Foundation and The Duke Endowment.

- Public speaking opportunities
- Development of an NCOHC “Policy Brief,” including an in-depth look at proposed policies to expand the use of teledentistry in North Carolina
- Integrated communications campaign, leveraging NCOHC website content, email, social media, and media outreach
 - NCOHC created a dedicated landing page for teledentistry on its website, including blog posts, infographics, and video assets; these resources were heavily promoted via NCOHC’s email list and social media channels
 - NCOHC executed a “content amplification” strategy, leveraging its network of community-based partner organizations to re-share and re-post teledentistry-specific content with their email lists and social media followers
 - Media outreach leveraged NCOHC’s existing relationships, focusing primarily on public health agencies, advocacy organizations, and safety-net providers and entities (Federally Qualified Health Centers), local health departments, and free and charitable clinics
 - NCOHC intentionally co-branded with the North Carolina Dental Society (NCDS) a “teledentistry one-pager” to reach the private sector of dental providers

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
--------	--------------------	---------	----------

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

- Hundreds of legislators, policymakers, academic leaders, and other influencers reached through 1:1 outreach, educational opportunities, and public speaking opportunities.
- 21 stakeholders led on fact-finding tours of California’s Virtual Dental Home model for teledentistry and the Medical University of South Carolina’s Center for Telehealth.
- 18 safety-net dental clinics awarded funding to support the purchase of teledentistry software and equipment.
- Thousands of North Carolinians reached through a comprehensive communications campaign, involving website, email, and social media content, as well as mainstream media.
- Hundreds of stakeholders learned directly from experts in oral health care and teledentistry at our annual advocacy event, Oral Health Day 2020.
- Passage of NC Session Law 2021-95, codifying the practice of teledentistry in the North Carolina Dental Practice Act.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
--------	--------------------	---------	----------

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:

- 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 program activities directly resulted in the introduction of teledentistry legislation in the North Carolina General Assembly’s 2021 Long Session and the passage of Session Law 2021-95, which codified teledentistry in the North Carolina Dental Practice Act.

Additionally, NCOHC was able to support the implementation of teledentistry at 18 safety-net dental clinics with “mini-grants” to purchase teledentistry software and associated equipment.

The educational and awareness-raising outcomes were no less important, however. Through our multi-channel communications strategy, we reached hundreds of legislators and policymakers, as well as

thousands of North Carolinians with educational content regarding teledentistry's impact on access and outcomes. 21 stakeholders were also introduced to teledentistry through two "fact-finding" tours of successful models of teledentistry in two other states.

Budgetary Information:

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

1. What is the annual budget for this activity?

There was no designated annual budget for this work, as it is built into NCOHC's broader portfolio and annual programmatic expenses. However, see costs associated with the activity below for more details.

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

The Director of NCOHC spent approximately .1 FTE on this project, working alongside the program's Political Strategist (who also serves as key lobbyist for policy advocacy efforts). NCOHC spent approximately \$22,000 on the fact-finding trip to California, as well as roughly \$10,000 on the similar trip to the Center for Telehealth at the Medical University of South California. NCOHC's Content Marketing Manager spent approximately .5 FTE on the project.

3. How is the activity funded?

Support for NCOHC's work advancing this policy change came principally from private funders and additional philanthropic groups.

4. What is the plan for sustainability?

This project culminated in passage of Session Law 2021-95, codifying teledentistry in the North Carolina Dental Practice Act. However, continued efforts will be led and supported by NCOHC to assist in the effective implementation of the law.

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?

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.

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

Perhaps the foremost challenge in influencing passage of Session Law 2021-95 was the prevalence of misconceptions concerning teledentistry among key stakeholders. As a relatively new innovation in care delivery, teledentistry was unfamiliar to many involved in the legislative process. To generate buy-in among legislators, policymakers, payers and influencers, NCOHC determined that education would be critical, including 1:1 meetings with legislators, multiple “fact-finding” tours to introduce stakeholders to successful cross-state models for teledentistry, two public-facing advocacy events, and an integrated communications campaign. We found enlisting the academic community to be an effective strategy for dispelling misconceptions about teledentistry and building support for policy reform.

Related to the educational effort was NCOHC’s “mini-grant” campaign, which provided direct funding for 18 safety-net dental clinics to implement and test teledentistry in practice. The experiences of these clinics were compiled into a virtual “demonstration” video that was promoted via NCOHC’s “Oral Health Day” advocacy event, the NCOHC website, and supporting social media and email communications.

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.

- [Teledentistry Fact Sheet](#)
- [Explanation of Session Law 2021-95](#)
- [Proposed Legislation Summary](#)
- [Why Teledentistry?](#)
- [2021 North Carolina Legislative Perspective](#)
- [Oral Health Day Recap \(Teledentistry\)](#)
- [Teledentistry in Action \(Case Study #1\)](#)
- [Teledentistry in Action \(Case Study #2\)](#)
- [Teledentistry in Action \(Case Study #3\)](#)
- [Teledentistry in North Carolina: Lessons from COVID-19](#)
- [Highlights from the UNC Teledentistry Symposium](#)
- [Exploring MUSC’s Center for Telehealth](#)
- [Envisioning Teledentistry in North Carolina](#)

TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	36014
Associated BPAR:	Teledentistry
Submitted by:	Foundation for Health Leadership & Innovation; North Carolina Oral Health Collaborative
Submission filename:	DES36014NC-teledentistry-2021
Submission date:	October 2021
Last reviewed:	October 2021
Last updated:	October 2021