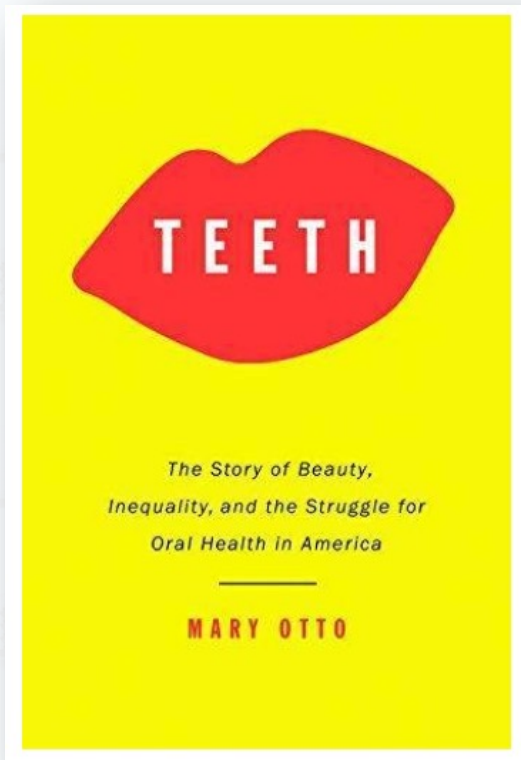


The background of the slide features a repeating pattern of blue toothbrushes. The toothbrushes are oriented horizontally, with their heads pointing to the right. They are arranged in a staggered grid across the top and bottom sections of the slide, which have a light blue background. A solid white horizontal band runs across the middle of the slide, containing the title text.

# State Context for Oral Health



“The teeth are made from stern stuff. They can withstand floods, fires, even centuries in the grave. But the teeth are no match for the slow-motion catastrophe that is a life of poverty.”

- Mary Otto



# Context for Our Work: Access & Affordability

- Significant inequities by race, ethnicity, age, income, and geography
- Access is a major issue all over the state
- Among the most restrictive practice acts in the nation
- Focused on workforce policy and financing



# Emerging Context: COVID and Beyond

- COVID fast-tracked innovation
- Teledentistry, minimally invasive care
- Staffing shortages persist



**Support the spread of school-based oral health models to increase access to care in communities across North Carolina.**

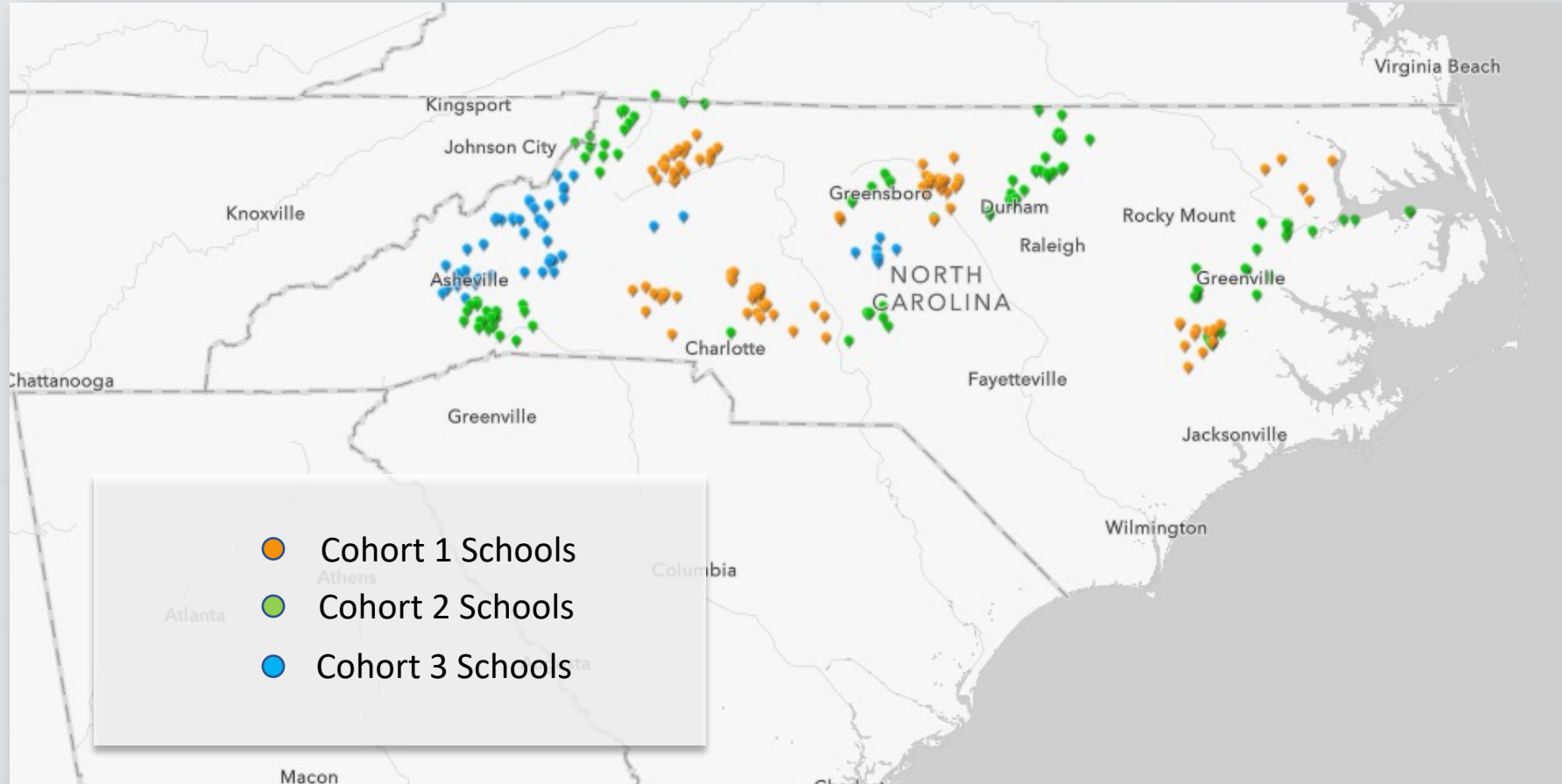
## Program Goals

- **Improve access** to dental care for school-aged children
- **Improve meaningful care outcomes** for school-aged children
- **Increase number of children served**, particularly those who will not or do not have sources of routine dental care
- **Proliferate programs** that have viable, sustainable business plans



School-Based Oral Health Initiative





# Technical Assistance



Maternal and Child Health Journal (2021) 25:1200–1208  
<https://doi.org/10.1007/s10995-021-03167-7>

## FROM THE FIELD



### A Technical Assistance Curriculum for Expanding Sustainable School-Based Oral Health Programs in the Carolinas' Dental Safety Net

Amy B. Martin<sup>1</sup> · Mark E. Moss<sup>2</sup> · Abby Kelly<sup>1</sup> · Amah Riley<sup>1</sup> · Vanessa Pardi<sup>2</sup> · Anna Chandler Pollard<sup>2</sup>

Accepted: 21 April 2021 / Published online: 4 May 2021  
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#### Abstract

**Purpose** School-based oral health programs (SBOHPs) provide opportunities to address oral health inequities by providing convenient access points for care. No published guidelines on SBOHP implementation existed. Our work describes how philanthropic, public, and academic organizations partnered to support dental safety net providers with designing comprehensive SBOHPs in North and South Carolina.

**Description** A multi-sector leadership team was established to manage a new SBOHP philanthropic-funded grant program organized into two phases, Readiness and Implementation, with the former a 6-month planning period in preparation of the latter. Readiness included technical assistance (TA) delivered through coaching and 15 online learning modules organized in four domains: operations, finance, enabling services, and impact. Organizations could apply for implementation grants after successful TA completion. Process evaluation was used including a Readiness Stoplight Report for tracking progression.

**Assessment** Ten Readiness grantees completed the TA. A variety of models resulted, including mobile, portable and fixed clinics. Descriptive analysis was conducted on the readiness stoplight reports. Components of the operation and finance domains required were the most time-intensive, specifically the development of policy manuals, production goals, and financial performance tracking.

**Conclusion** The program's structure resulted in (a) a two-state learning community, (b) SBOHP practice and policy alignment, and (c) coordinated program distribution. TA improvements are planned to account for COVID-19 threats, including school closures, space limitations, and transmission fears. Telehealth, non-aerosolizing procedures, and improved scheduling and communication can address concerns. Organizations considering SBOHPs should explore similar recommendations to navigate adverse circumstances.

**Keywords** School health services · Oral health · Safety-net providers · Dental care for children · Preventive dentistry

#### Significance

*What is already known on this subject?* School-based oral health programs (SBOHPs) are essential components of the dental safety net. They serve children who otherwise would be unable to access care. SBOHPs have a range of scopes of

service through a variety of modalities. Success is accentuated when public policy aligns with their mission.

*What does this study add?* A technical assistance curriculum is presented that reflects the evidence-based clinical practice and the business tools essential for program sustainability. The value of SBOHPs is evident when implemented in the context of guidelines and policies that support sustainability, supported by a multi-sector leadership team.

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#### Introduction, Objectives, Purpose

While the United States has seen improvements in children's oral health in the last 20 years, almost half (45.8%) of children aged 2 to 19 years continue to experience dental caries. Inequities with caries experience, treated and untreated,

Springer



# Technical Assistance

- Operations
- Financial
- Enabling Services
- Impact

**Table 2** Technical assistance curriculum map and learning objectives

Module		Learning objectives	Grantee deliverables
Operations			
1	Site selection	Describe steps necessary for school site selection and commitment from the school district Describe important components to be included in a Memorandum of Agreement between the SBOHP and the School District in order to facilitate the effective and efficient delivery of dental services in the schools	List of target school sites Contact made with relevant school site officials Memorandum of Agreement (MOA) obtained with school sites or district
2	Service scope	Identify oral health services to be provided Identify effective strategies for increasing sealant delivery & retention rates	Confirmed scope of oral health services to be provided in school sites Referral agreements for restorative or specialty care outside of program defined scope of services
3	Modality	Describe the advantages and disadvantages of dental delivery modalities typically used in SBOHPs Understand the operationalization of the different dental delivery modalities (portable, mobile, & fixed)	Modality chosen that is informed by sustainability plan and in agreement with school partners
4	EHR/portable	Identify ways to integrate use of portable equipment that improves access to and efficiencies of care delivery Identify ways to optimize functionality of Electronic Health Records (EHRs) or practice management software when providing care in remote locations	Verification of remote access capability of EHR Feasibility assessment for the degree to which portable equipment can be used
5	Staffing model	Identify ways to determine staffing needs based on school size, treatment needs, and proximity to care completion site Identify opportunities for continuity of care and revenue generation by staff during 'down times' in the school year & summer	Staffing model plan developed Plans for how staff will be used when school is not in session
6	Staff development	Identify ways to assess staff learning needs around evidence-based care and program operations Identify opportunities for staff to connect or receive continuing education	Evidence of a continuing education policy published in the Policy and Procedure Manual
7	Program partnerships	Describe keys for successful partnerships Describe methods for partnership planning and development Identify strategies for consistent communication among current and prospective partners for your program	Evidence of partnerships developed within community such as MOAs or Letters of Support
Financial			
8	Productivity goals	Identify daily, weekly, monthly, and annual financial & production goals by utilizing the productivity & financial goal tools provided	Productivity goals as published in the program's business plan
9	Performance data	Identify how to collect and track clinical data including: # of patient visits & procedures, patient-level oral health status improvements, referral completion rates, completed treatment plan rates, satisfaction rates for parents, teachers & school administrators, sealant delivery & retention rates Identify metrics to collect and monitor case management services Identify how to use clinical and related data for program improvement	Completion of performance data collection calibration training Development of local data-driven quality improvement strategy

**Source:** A Technical Assistance Curriculum for Expanding Sustainable School-Based Oral Health Programs in the Carolinas' Dental Safety Net By: Amy B. Martin, Mark E. Moss, Abby Kelly, Amah Riley, Vanessa Pardi, Anna Chandler Pollard (Maternal and Child Health Journal May 2021)



*We are here to serve, to help these kids create good oral hygiene habits, and take care of them....I am passionate about the school-based program because we want all kids to have a beautiful smile.*

**Dr. Francisco Rios**  
Kinston Community Health Center





**Support a network of organizations to identify and achieve system-level changes that will increase access to, and affordability of, care.**



NC Child



Tooth Dismay:

a NEW LOOK at  
the DATA on CHILDREN'S  
ORAL HEALTH in  
NORTH CAROLINA



## PREVENTING CHRONIC DISEASE PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

Volume 17, E82 AUGUST 2020

COMMENTARY

### Oral Health and COVID-19: Increasing the Need for Prevention and Access

Zachary Brian, DMD, MHA<sup>1</sup>, Jane A. Weintraub, DDS, MPH<sup>2</sup>

Accessible Version: [www.cdc.gov/ped/issues/2020/20\\_0266.htm](http://www.cdc.gov/ped/issues/2020/20_0266.htm)

Suggested citation for this article: Brian Z, Weintraub JA. Oral Health and COVID-19: Increasing the Need for Prevention and Access. *Prev Chronic Dis* 2020;17(20):10.5888/pcd17.200266.

Introduction

The New York Times Magazine

#### PEER REVIEWED

##### Summary

Oral health is an important component of health. What is already known on this topic?

What is added by this report?

Nonemergency dental care has been curtailed since 2019 (COVID-19) pandemic. Recent unique challenges and provides opportunities and nonemergency generating procedures.

What are the implications for public health? Vulnerable populations are at high risk for COVID-19, and they also have less access to dental care. Removing policy, regulatory, workforce, and incentivizing prevention would increase access to dental care.

#### Abstract

Populations disproportionately affected by COVID-19 are also at higher risk for oral health and oral health care. COVID-19 has led to closure and reduced access to dental care and prevention. Dental care includes procedures that can increase viral transmission and may also have less access to dental care. Removing policy, regulatory, workforce, and incentivizing prevention would increase access to dental care during the pandemic could sustained into the future.



The opinions expressed are those of the authors and do not necessarily represent the official views of the CDC.

This publication is in the public domain and is in the public domain and is in the public domain.

#### STUDIES SHOW

### The Pandemic Was Bad for Our Teeth. Will It Change Oral Health Forever?

The rise of teledentistry and other alternatives have the potential to fix some of the disparities in care.

f s t w



#### SIDEBAR

### A Crisis of Opportunity: A Collaborative Approach to Oral Health Policy in North Carolina

Zachary Brian

North Carolina isn't used to bold initiatives in oral health policy. A new approach is gathering strength, however, emphasizing the importance of policy in addressing disparities and inequities in oral health and oral health care. The North Carolina Oral Health Collaborative (NCOHC), a program of the Foundation for Health Leadership and Innovation (FHLI), and a newly strengthened, diverse collection of traditional and non-traditional stakeholders aims to shift the dynamic, approaching oral health as a critical component of overall health. Together, we are advocating for evidence-based policy reforms that address systemic barriers and non-medical drivers of health to reduce oral health disparities in North Carolina.

#### A Collaborative Approach

Effective oral health policy requires collaboration. Recent changes, including the elimination of the prior exam requirement for dental hygienists delivering preventive care in high-need settings (a regulatory modification to Rule 21 NCAC 16W) and proposed legislation<sup>1</sup> to codify teledentistry, were made possible by leveraging the influence and input of a diverse coalition. Professional, regulatory, and governmental entities that authentically engage with advocacy organizations, community groups, and the public will have greater success in achieving lasting, sustainable change. This approach to policy development is what made the change to Rule 21 NCAC 16W a reality and will be critical in advancing systems-level changes in the future. The previous status quo, with less ambitious policy driven by disparate and disconnected entities, is no longer workable.

The challenges facing oral health care access and equity in North Carolina are great. So is policy's ability to address

the systemic barriers and social determinants of health that drive them. This article attempts to introduce a more handful of such challenges and potential evidence-based policy solutions, underscoring the importance of collaboration and transparency. Real, meaningful oral health policy demands it.

#### Workforce

North Carolina's oral health workforce is maldistributed and underutilized. Just 15% of active dentists practice in rural areas, severely limiting access to oral health care for the nearly 40% of North Carolinians living in those communities [1, 2]. Compounding the issue, one of the country's most restrictive dental hygiene acts further constrains the hygienists delivering essential services that disadvantaged populations need most [3].

Policy change is a conduit to utilizing North Carolina's oral health care workforce more effectively. Community-based access points ("meeting people where they are") such as school-based programs can be supported through changes to hygienists' scope of practice, direct access for hygienists in rural and underserved communities, and the embrace of teledentistry. An increased focus on care coordination—promoting integration of dental, medical, and behavioral health care and addressing barriers to appointment compliance—may also be encouraged through payment policies supporting community dental health coordinators (CDHCs).

#### Payment Reform

"The nation will never drill, fill, and extract its way out of what amounts to a public health crisis," yet the dental community has lagged in adopting value-based care and

<sup>1</sup> Legislation was introduced in the 2021 long session of the North Carolina General Assembly to codify the use of teledentistry in the state's Dental Practice Act. House Bill 144 and corresponding Senate Bill 146 defines the use of telecommunication in the delivery of oral health care and expands the availability for patient evaluations to be conducted via remote technologies.



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