

Unless you're a different kind of human, your mouth is definitely connected to your body.
It's time to make this connection explicit and work towards overall health for all North Carolinians.
Wholeness should not be a luxury for a privileged few.



NC ORAL HEALTH
COLLABORATIVE

Building Oral Health Equity in 2016--and beyond!

As we look ahead on 2016, I trust that together we can become even more confident that we CAN do this TOGETHER. That wholeness and the freedom to smile should not be a luxury for a privileged few. And that we each have a role to play to ensure that the mouth is inseparable when addressing the health of the human body. I am buckled up for a fun ride. Hope you are too!

Visit Our Website

Preliminary Reflections

It's been 5 months into my tenure as Director of the NCOHC. Perhaps too soon for reflections, but I feel compelled given that it's a new year, and that this is NCOHC's first official newsletter!

So here it goes:

- **Great work has been done, and is currently underway to address oral health disparities in North Carolina.** A significant portion of my time has been devoted to researching the history, meeting the players, and learning the landscape. and oh, what an interesting and fertile landscape it is! So many different dedicated and passionate folks do this work day in/day out in all kinds of communities. I am so grateful for the time each of you took (or will take) to help orient me to this work.
- **In many ways, our state has been at the forefront of ensuring oral health is on the list of priorities. In other ways we lag far behind.** Just take a look at the [NCIOM report from 1999](#). Almost 16 years ago we were offered sound wisdom as to how to resolve the issues of oral health disparities in our state. Unfortunately, many of these recommendations have yet to be actualized. A recent report on national health rankings from the United Health Foundation ranks North Carolina 44th in dentists. Although the measure is simply the number of dentists practicing per 100,000 people, other measures like disparity in health status, poor physical health, and children in poverty also reveal areas for improvement. Click here for the [full report](#) and the connected [N&O article](#).
- **It's a big tent with**

room for all, there is strength in diversity, and that doesn't mean we all agree.

Of course when you move the focus from "charity to justice" there is likely to be some disagreement as to what the root causes are, and how to address them.

Undoubtedly we will

grapple with possible solutions that infringe upon the individual interests of collaborative members. In order to move our common agenda forward, we have to figure out a way to stay focused on our higher purpose, find beauty in compromise, and understand that sometimes the good of the whole triumphs the good of the individual.

- **This is precisely the right time and these are precisely the right people.** My first impression about this work was that oral health is an issue area that we could actually have tremendous impact on in our lifetime. This notion has only become stronger and more affirmed in my interactions with each of you.

Charity	Justice
<i>Charity = social service:</i> Charity provides direct services like food, clothing, shelter.	<i>Justice = social change:</i> Justice promotes social change in institutions or political structures.
Charity responds to immediate needs .	Justice responds to long-term needs .
Charity is directed at the effects of injustice, its symptoms . Charity addresses problems that already exist. Otherwise put: LOVE MOPS UP.	Justice is directed at the root causes of social problems. Justice addresses the underlying structures or causes of these problems . Otherwise put: JUSTICE TRIES TO MAKE SURE THE MESS ISN'T MADE TO BEGIN WITH.
<i>Examples of charity:</i> homeless shelters, food shelves, clothing drives, emergency services.	<i>Examples of justice:</i> legislative advocacy, changing policies and practices, political action.
<small>Source: Office for Social Justice, Archdiocese of St. Paul/Minneapolis</small>	

2016: What you can expect from the NCOHC in the year ahead

Bi-Monthly Newsletter: This first volume is heavily influenced by Zulayka, but we hope that the rest will be heavily influenced by YOU! Let us know if you have thoughts, articles, resources that you want us to share.

Website: We are looking to make our website more useful and engaging, For now, it's just a bit of simplifying until we can afford the total revamp! So again, let us know if you have thoughts, articles, resources that you want us to share... AND if you have any suggestions on content/sections that would be most useful to you.

February 19th Workgroup Kick-Off: We are devoting this meeting to kicking off our three newly configured workgroups! We'll likely meet from 9:30-1:00 (lunch provided), but stay tuned for more details on time and location! And speaking of workgroups...

Workgroup Descriptions: We have the newly configured workgroups, and now we need YOU to make this good work happen! If any of these descriptions make your heart flutter with delight (or are just in good alignment with your work), please reach out to [Emily Bernson](#) and let her know which one you want to be an active participant of. Lots of good praise and gratitude will be your reward!

- Focus Area 1: Health Promotion & Community Engagement - Engage community members and stakeholders in advocacy to accelerate the implementation of policies/practices that reduce oral health disparities and increase access to care.
- Focus Area 2: Access & Health Equity - Implement focused efforts to address avoidable inequalities by equalizing the conditions for health for all groups and increasing access to

oral health care.

- [Focus Area 3: Prevention & Early Diagnosis](#) - Reduce disease by increasing access to preventative services and early diagnosis.
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Noteworthy Dates

- **February 19th:** NCOHC Workgroup Kick-Off! 9:30am-1:00pm. Lunch will be provided. Location TBA
 - **February 26th:** UNC's [Minority Health Conference](#) "In Solidarity: The Role of Public Health in Social Justice".
 - **April 18-20th:** [National Oral Health Conference](#) - Cincinnati, OH
 - **April 27-29th:** NC Dental Public Health Conference - Wrightsville Beach, NC
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Interesting Articles and Resources

Did you know that only 27% of NC Dentists participate in Medicaid for Child Dental Services? The Health Policy Institute's report ["The Oral Health Care System: A State-by-State Analysis"](#) shares this and other relevant facts to our work.

An 'oldie' but a goodie: In 2012 the US National Oral Health Alliance gathered to discuss ["Oral Health Literacy as a Pathway to Health Equity."](#)

Dental hygienists have an integral role to play in our work to achieve oral health equity. [This article](#) highlights how dental hygienists support public health.

The application process is now open for the Rural Center's REDI leadership program, and it's quite possible that you know of folks who could benefit from this opportunity! [Click here](#) for more information.

NCFAHP is now the Foundation for Health Leadership and Innovation!

The Foundation (the backbone organization for the NCOHC) is excited to announce that on January 1, 2016, we changed our name to the Foundation for Health Leadership & Innovation. Our new name reflects the purpose and direction for our work. We are a foundation from which partnerships and programs providing leadership and innovation in whole-person, whole-community health can thrive. The Foundation is home to a number of programs including the NCOHC and we are thrilled to be a part of this great change!

Looking to actively engage with and participate in the NCOHC?

[Click here](#) to sign our Statement of Support!

Please email signed form to Emily Bernson at emily.bernson@foundationhli.org or
mail to 2401 Weston Parkway, Suite 203, Cary, NC 27513

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