



North Dakota Oral Health Coalition Agreement

(Organization/Individual) is committed to being a North Dakota Oral Health Coalition (NDOHC) member. The NDOHC has been formed to:

- Increase awareness among providers about oral health inequities in North Dakota,
- Increase access to and utilization of oral health services among persons covered through Medicaid in North Dakota
- Improve the process for submitting Medicaid reimbursement claims and increase the number of Medicaid reimbursement claims for dental care provision while increasing Medicaid participation among providers; and,
- Increase partnerships to improve access to and utilization of oral health services for all of North Dakota, with a special focus on populations experiencing health care inequities to include people who are uninsured, low-income, covered by Medicaid, and Black, Indigenous, and other people of color.

I am We are committed to the goals, objectives, and strategies that have been or will be established and agree that [I/our organization] will work to align with the coalition’s mission and purpose when possible.

MISSION: Foster collaborative solutions to achieve oral health equity.

PURPOSE: Coordinate partners and organizations throughout the state of North Dakota to create collective impact by targeting oral health disparities. This proposed work focuses long-term on increasing access to oral health, improving North Dakotans’ oral health literacy, and developing integration between all professions impacted by oral health.

I We agree to dedicate time for coalition meetings, calls, planning, and engaging in coalition priorities and activities that align with [my/our organization’s] mission, objectives, or strategies. As a member of the NDOHC,

I my organization agrees to:

- Attend coalition meetings;
- Share relevant information with the coalition;
- Share the importance of oral health and the work of coalition with community and partners; and,
- Participate in coalition workgroups and activities that align with [my/our organization’s] work.

In addition, I our organization agrees to provide the following resources to the NDOHC: (NOT REQUIRED)

- N/A at this time Meeting space Other _____
- Staff time, e.g., communications, legislative tracking, graphic design, etc.
- Provide in-kind contributions, e.g., lunches, supplies, etc. of \$ _____

By signing this agreement [I/our organization] agree[s] to allow [my/its] name to be listed as a contributing member on the North Dakota Oral Health Coalition’s website.

Organization/Individual Name: _____

Signature: _____

Titles/Credentials: _____

Email: _____

Upload your organization logo here, or email
bobbie@communityhealthcare.net

Upload Logo

Please return completed form to Bobbie Will
bobbie@communityhealthcare.net