

**Moving California Oral Health Forward  
Work Plan  
FY 2022-2027**

**REPORTING/OUTCOME MEASURES:** Local Health Jurisdictions (LHJs) shall implement selected strategies outlined in the California Oral Health Plan and make progress toward achieving the California Oral Health Plan's goals and objectives. The activities may include convening, coordination, and collaboration to support planning, disease prevention, surveillance, education, and linkage to treatment programs. All activities are intended to support the desired outcome of a 50% reduction in oral health disparities among school-aged children in California by 2030. The strategies and activities should support progress towards improved population health outcomes including a decrease in tooth decay and untreated tooth decay and an increase in sealant prevalence by ten percentage points. At a minimum, grantees will promote, coordinate, facilitate, and evaluate school dental programs in urban elementary schools with greater than 50% of students on the free/reduced lunch program and all rural elementary schools, and link children to a source of dental care.

**Objective 1: By June 30, 2027, establish or sustain program infrastructure, partnerships, and processes to ensure implementation and evaluation of the Work Plan.**

#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/Performance Measure
1.1	Build or maintain capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.	07/1/22-06/30/27		
1.1.a	Participate in trainings offered via meetings, webinars, workshops, conferences, etc.	07/1/22-06/30/27		A) List of relevant trainings, meetings, webinars, workshops, conferences attended
1.1.b	Establish or maintain Advisory Committee/ Coalition/ Partnership/ Task Force (AC) and continue to recruit key organizations/members representing diverse stakeholders.	07/1/22-06/30/27		A) Membership list. Include new Non-traditional and/or community members
1.1.c	Convene regular AC meetings with agendas; set schedule of meetings, develop evaluation for meetings.	07/1/22-06/30/27		A) Meeting agendas; schedule of meetings B) Number of meetings held C) List of participants, participant evaluations

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
1.1.d	Implement and continue community engagement activities with key stakeholders and organizations to determine understanding and priority of addressing oral health. Conduct key informant interviews (KI), focus groups, virtual town halls, or Knowledge, Attitude and Belief (KAB) surveys.	07/1/22-06/30/27		A) Summary of KI interviews virtual town halls, focus groups and/or KAB surveys to address common themes, challenges, and support of mission, vision, and values
1.1.e	Build or maintain communication methods with local partners and stakeholders.	07/1/22-06/30/27		A) List of meetings, webinars; conference calls; list serv developed; mailings, etc.
1.1.f	Convene advisory group/task force per schedule. Submit schedule.	07/1/22-06/30/27		A) Minutes; other documentation from meetings/ webinars/ calls/ mailings
1.1.g EVAL	Conduct satisfaction survey of AC membership to determine AC progress, recommendations, future direction of the LOHP, and strategies to address challenges.	07/1/22-06/30/27		A) Analysis of satisfaction survey, which includes quantitative measures to assess network density or involvement and recommendations for improvement
<i>Needs Assessment</i> 1.2	Assess and monitor social and other determinants of health, health status, health needs, and health care services available to local communities, with a special focus on underserved areas and vulnerable population groups.	07/1/22-06/30/27		A) List of determinants most prevalent in LHJ's county B) Updates from 2020 census on population of underserved areas and vulnerable population groups
1.2.a	Identify staff, consultant, or work group from AC to conduct update of Needs Assessment.*  <i>Note: Newly established LOHPs are responsible for developing a new Needs Assessment.</i>	By 12/31/25		A) List of work group members
1.2.b	Identify service and resource gaps needed to support underserved areas and vulnerable population groups.	By 12/31/25		A) Summary of resources and needs assessment

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
1.2.c	Identify and plan the needs assessment update strategy based on available resources. Develop needs assessment instrument. Include strategies to address service and resource gaps.	By 12/31/25		A) Needs assessment instrument
1.2.d	Conduct inventory of available primary and secondary data.  Determine the need for primary data. Identify Resources. Select methods.	By 12/31/25		A) Data gathered and inventoried B) Analysis conducted and data gaps identified C) Data resources identified to fill gaps. D) Description of methods selected
1.2.e	Conduct Needs Assessment update.*  Collect data.  <i>Note: Newly established LOHPs are responsible for developing a new Needs Assessment.</i>	By 12/31/25		A) Action plan developed to collect missing data B) Data collected

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
1.2.f	Analyze data and prepare summary analysis.	By 12/31/25		A) Summary report to include but not limited to: <ul style="list-style-type: none"> <li>○ Demographics of population,</li> <li>○ Medi-Cal utilization- annual dental visit/preventive dental visit,</li> <li>○ Measure of oral health status (caries, untreated caries),</li> <li>○ Assess Availability of dental services (number of dentists, dentists that accept Medi-Cal, dental clinics, dental shortage areas),</li> <li>○ Assess Community Water Fluoridation (CWF),</li> <li>○ Identify data gaps,</li> <li>○ Identify populations of concern,</li> <li>○ Assess Kindergarten Oral Health Assessment (KOHA) (results, participation, and the number of reporting schools/districts,</li> <li>○ Assess school-based services &amp; opportunities,</li> <li>○ Identify disparities,</li> <li>○ Indicate changes and improvements since prior assessment</li> </ul>
1.3	Identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.			A) List of assets/resources

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
1.3.a	Maintain and update an inventory of all the groups (associations, organizations, and institutions) that exist within the jurisdiction's communities. Identify existing groups, organizations, etc. that serve underserved and vulnerable populations in the community.	By 12/31/25		A) Inventory of existing assets/ resources
1.3.b	Publish the assets/resources/gaps identified.	By 12/31/25		A) Identified assets/resources and identified gaps published on website or in newsletter, or as part of summary analysis
<i>CHIP</i> 1.4	Develop a new or update an existing community health improvement plan (CHIP)* and create an action plan to address the oral health needs of underserved areas and vulnerable population groups for the implementation phase and to achieve the state oral health objectives.  <i>Note: Newly established LOHPs are responsible for developing a new CHIP.</i>	By 08/31/26		
1.4.a	Identify a key staff person or consultant to guide the community health improvement plan process. Develop a time frame for the community health improvement plan. Identify objectives and strategies to achieve that objective. Determine which people and sectors of the community should be changed and involved in implementing the strategies.	By 08/31/26		A) Timeframe developed B) Summary of objectives and strategies. C) List of partners/ stakeholders/ participants representative of the various sectors of the LHJ that participated in the planning process
1.4.b	Engage a workgroup to design the Action Plan.	By 08/31/26		A) List of work group meetings and minutes from meetings

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
1.4.c	Identify action steps: <ul style="list-style-type: none"> <li>○ The action or change will occur,</li> <li>○ Who will carry it out,</li> <li>○ When will it take place, and for how long,</li> <li>○ What resources (i.e., money, staff) are needed to carry out the change,</li> <li>○ Communication (who should know what).</li> </ul>	By 08/31/26		A) Action Plan developed by workgroup that identifies the “what, who, when, how long, resources, and communication” aspects of the Action Plan
1.4.d EVAL	Identify how the Action Plan addresses the priorities identified in the Community Health Improvement Plan; provide a summary of key strategies to address vulnerable populations and how they will help to achieve local and state oral health objectives. Describe impact objectives and key indicators that will be used to determine progress.	By 08/31/26		A) Summary Report-Identify flow of information between organization, community, and other stakeholders; identify how organizational procedures facilitate participation; and identify the strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of the community
<i>Evaluation Plan</i> 1.5	Develop a new, or continue implementing an existing Evaluation Plan*, to monitor and assess the progress and success of the Local Oral Health Program (LOHP) Work Plan objectives. Update objectives, evaluation questions, and plan as needed.  <i>Note: Newly established LOHPs are responsible for developing a new Evaluation Plan.</i>	By 12/31/25		
1.5.a	Engage stakeholders in the Evaluation Plan process, including those involved, those affected, and the primary intended users.	By 12/31/25		A) List of stakeholders engaged in this process

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
1.5.b	<p>Update the Program Logic Model* as needed, use as a common reference point for staff, stakeholders, constituents, and CDPH/OOH.</p> <p><i>Note: Newly established LOHPs are responsible for developing a new Program Logic Model.</i></p>	By 12/31/25		A) Program Logic Model that depicts program outcomes, how the program will accomplish outcomes and basis (logic) for these expectations
1.5.c	Focus the evaluation design based on the Evaluation Plan to include an updated grid and crosswalk of Work Plan objectives.	By 12/31/25		A) Provide comprehensive updated Evaluation Plan crosswalk grid of required and selected implementation objectives
1.5.d EVAL	Submit update on progress of Evaluation Plan and Work Plan objectives with the status of grid targets.	By 12/31/25		A) Summary of successes, challenges, and lessons learned
1.5.e EVAL	If selected, coordinate with CDPH/OOH to conduct Smile survey to determine the status of children's oral health.	By 12/31/25		If selected, the LOHP will be notified, and further instruction will be provided by CDPH

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
1.6	Complete progress reports bi-annually using the progress report template provided. Detailed instructions will be provided.	07/01/22-06/30/27		Progress reporting schedule and due dates: A) July 1st – December 31, 2022 o DUE January 31, 2023, B) January 1st – June 30, 2023 o DUE July 31, 2023, C) July 1st – December 31, 2023 o DUE January 31, 2024, D) January 1st – June 30, 2024 o DUE July 31, 2024, E) July 1st – December 31, 2024 o DUE January 31, 2025, F) January 1st – June 30, 2025 o DUE July 30, 2025, G) July 1st – December 31, 2025 o DUE January 31, 2026, H) January 1st – June 30, 2026 o DUE July 30, 2026, I) July 1st – December 31, 2026 o DUE January 31, 2027, J) January 1st – June 30, 2027 o DUE July 30, 2027



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**Objective 2: By June 30, 2027, implement evidence-based programs to achieve California Oral Health Plan objectives.**

#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
<i>Community-clinical linkages</i> 2.1	Conduct planning to support the development of community-clinical linkages and school-based/ school-linked programs.	07/01/22-06/30/23		
2.1.a	<p>Perform a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of your program in preparation for implementing school-based/linked programs.</p> <p>Evaluate program progress and document your readiness and needs for establishing activities focused on creating community-clinical linkages.</p>	07/01/22-12/31/22		A) SWOT analysis summary report

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
2.1.b	<p>Based on SWOT analysis findings, begin planning for school-based/linked programs:</p> <ol style="list-style-type: none"> <li>1. Identify schools and grades. Plan for gradual expansion and scope of services (if other services are being provided onsite).</li> <li>2. Select a program model: School-based or linked and the scope of services or a combination of the models.</li> <li>3. Develop a system to track school dental programs.</li> <li>4. Identify partners and their roles.</li> <li>5. Request TA for building partnerships and leverage local resources.</li> <li>6. Design of an early education and care prevention program (e.g. Tooth Brushing Programs in Pre-K, Oral Health Education)</li> <li>7. Develop an implementation plan. Include a logic model, incremental 5-year goals and SMART objectives, sustainability, Quality Improvement strategies, and performance measures.</li> <li>8. Purchase equipment needed.</li> <li>9. Document projected costs and plans for billing/ sustainability.</li> </ol>	07/01/22-06/30/23		<p>A) List of participating and identified schools and grades            B) Report program model selected and tracking system            C) List of partners and roles            D) List of services            E) Early Prevention Program            F) Submit implementation plan            G) List of equipment purchased.            H) Invoices for billing</p>

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/Performance Measure
<i>School Dental Program Planning</i> 2.2	<b>Build partnerships:</b> Identify, maintain, and expand partnerships with dental providers and schools to implement, administer, and sustain school dental programs in targeted sites.  <a href="https://www.mchoralhealth.org/school-based-dental-sealant-programs">Welcome   Seal America (mchoralhealth.org) School-Based Dental Sealant Programs (mchoralhealth.org)</a> <a href="https://www.cdc.gov/od/odc/ohrt/school-sealant-programs-savings-infographics.html">Return on Investment: School Sealant Programs Savings   Infographics (cdc.gov)</a>	07/01/22-06/30/27		A) Memorandums of understanding (MOUs), other partnership agreements
2.2.a	<b>Recruit schools:</b> Engage local school stakeholders and gain support from schools to implement, administer, and sustain school dental programs in targeted sites.  <a href="https://www.mchoralhealth.org/gaining-program-support">Gaining Program Support   Seal America (mchoralhealth.org)</a> KOHA Talking Points <a href="https://oralhealthsupport.ucsf.edu/sites/g/files/tkssra861f/wysiwyg/KOHA%20Talking%20Points_110619.pdf">https://oralhealthsupport.ucsf.edu/sites/g/files/tkssra861f/wysiwyg/KOHA%20Talking%20Points_110619.pdf</a>	07/01/22-06/30/27		A) List of participating and identified schools and grades
2.2.b	Connect schools to providers for school dental programs. Facilitate the formalization of partnerships through MOUs and other agreements.	07/01/22-06/30/27		A) List of dental providers in partnership agreements with school programs
2.2.c	Assist dental providers by coordinating with schools and obtaining input from school administrator, lead teacher, school nurse, or oral health contact at identified schools to schedule activities.	07/01/22-06/30/27		A) Maintain a log of activities

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
2.2.d	<p><b>Promote school dental program:</b> Annually update educational materials for teachers, parents, and students. Ensure the materials are culturally competent and use appropriate health literacy level.</p> <p>Materials and campaign require pre-approval from the OOH.</p>	07/01/22-06/30/27		<p>Updated educational materials:</p> <p>A) Sealant B) Fluoride C) Preventive dental services</p>
2.2.e	<p>Annually facilitate distribution of oral health educational materials including sealant and fluoride to teachers, parents, and students, and send educational information home with consent form (if referral provider will provide services on-site at the school).</p>	07/01/22-06/30/27		<p>A) Distribution list and format (e.g., in person meeting, student packets, virtual meetings, emails, etc.) B) Number of stakeholders reached with educational sessions and submit data annually to CDPH/OOH C) List of educational materials provided D) Consent form (keep on file)</p>
2.2.f	<p><b>Plan dental program events:</b> Work with providers and schools and develop a schedule for implementing school dental programs</p>	07/01/22-06/30/27		<p>A) Maintain a schedule for implementing a school dental program</p>
2.2.g	<p>Annually deliver educational sessions to teachers, parents, and students.</p>	07/01/22-06/30/27		<p>A) Number of education sessions held and submit data annually to CDPH/OOH B) List of trainings provided and names of school site. Training log should state if training was to students, teachers/faculty, or parents</p>
2.2.h	<p>Facilitate basic dental screenings for students to determine dental status with passive consent.</p>	07/01/22-06/30/27		<p>A) Number of schools with a program B) Number of children screened</p>

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
<p><i>School Linked</i> 2.3</p>	<p>Implement a dental screening program with a robust community-clinical linkage system using a referral management electronic platform for connecting with parents/caregivers and linking children to a source of dental care, tracking the progress of care from referral to completion of treatment plan.</p> <p><a href="#">SCHOOL LINKED DENTAL PROGRAM A GUIDE FOR LOCAL ORAL HEALTH PROGRAMS.pdf (ucsf.edu)</a></p>	<p>07/01/22-06/30/27</p>		<p>Annual referral tracking system reports to include:</p> <p>A) Number and proportion of eligible schools participating                      B) Number and proportion of eligible children screened                      C) Referral acceptance: whether the receiving organization accepted the referral, or if not, why not                      D) Patient contact: whether the receiving organization and the patient interacted, or if not, why not                      E) Receipt of services: whether the patient received help from the organization; if yes, what kind; or if not, why not                      F) Need resolution: whether the need that triggered the referral was resolved (or is in the process of being resolved), or if not, why not</p>
<p>2.3.a</p>	<p>Create a network of dental care providers willing to accept referrals.</p>	<p>07/01/22-06/30/27</p>		<p>A) Number dental care providers willing to accept referrals                      B) A list of participating providers</p> <p>Update data every 6 months.</p>
<p>2.3.b</p>	<p>Develop a protocol to implement assessment, counseling, and linkage to providers, as well as care coordination using the 5A's strategies for addressing oral health problems in pre-school and school-aged children.</p>	<p>07/01/22-06/30/27</p>		<p>A) Submit a written care coordination protocol</p>

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
2.3.c	<p>Develop referral criteria (e.g., all children needing dental sealants, having urgent or immediate care) and the protocol for linking children to a source of dental care.</p> <p>Ensure that children who already have a dental home are linked to the same provider unless the parent/guardian requests a different provider.</p>	07/01/22-06/30/27		<p>A) An estimate of the number and percentage of high-risk children in the county who need sealants and referrals</p> <p>B) Submit referral criteria</p>
<p><i>School Based</i></p> <p>2.3.d</p>	<p><b>School-based Program:</b> Evaluate readiness for expanding the school dental program to include preventive services and implement when feasible.</p> <p>Study the <a href="#">School-Based Dental Sealant Program Curriculum</a>. <a href="#">Welcome   Seal America (mchoralhealth.org)</a></p>			<p>A) In partnership with school dental program providers create a checklist for steps 1 – 10 based on Seal America: The Prevention Intervention Manual to determine program readiness</p>
2.3.e	<p>Implement the activities to expand the program to include preventive services. Facilitate the implementation of a school dental program and ensure the provision of services to children.</p>			<p>A) Narrative summary of preventive activities implemented</p> <p>B) Number of sealants provided</p> <p>C) Number of students receiving fluoride varnish</p> <p>D) Number of students receiving toothbrush prophylaxis</p> <p>E) Total number of students receiving preventive services</p>

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
2.3.f	<p>Establish performance measures (PM) and track progress in achieving targets. Consider quality improvement strategies.</p> <p>Use performance measures to ensure linkage has been established.</p> <p>Monitor PMs and close the loop with partners if barriers are identified. Include timelines for performance data review.</p>	07/01/22-06/30/27		<p>A) Efficient communication with parents/caregivers and clinicians</p> <p>B) Tracking the success of referrals</p> <p>C) Data metrics to communicate findings to school administrators, stakeholders, and funding agencies</p> <p>D) Number of successful referrals</p> <p>E) Development of quality improvement strategies</p> <p>F) Increase % of children served by 10% over 5 years</p> <p>G) Establish timelines for performance data review</p>
<i>Fluoride</i> 2.4	Conduct training for community members/partners/stakeholders who desire to learn about the safety, benefits and cost effectiveness of community water fluoridation and its role in preventing dental disease.	07/01/22-06/30/27		<p>A) Agenda/Training</p> <p>B) Materials/Talking Points/List of Participants</p> <p>C) Submit data annually on number trained to CDPH/OOH</p>
2.4.a	<p>Share trainings for Regional Water District engineer/operator training on the safety, benefits of fluoridation and the important role water engineers/operators have in preventing dental disease.</p> <p><i>*Note: This activity is water systems that are fluoridating or considering fluoridation and is optional in jurisdictions with less than 10,000 water connections.</i></p>	07/01/22-06/30/27		<p>A) Number of engineer/operators who participated in trainings and submit data annually to CDPH/OOH</p> <p>B) List of engineer/operator, and training completed</p> <p><a href="https://www.cdc.gov/fluoridation/engineering/training.htm">https://www.cdc.gov/fluoridation/engineering/training.htm</a></p> <p><a href="https://ilikemyteeth.org/waterops/">https://ilikemyteeth.org/waterops/</a></p> <p><a href="https://ilikemyteeth.org/thank-your-water-utility-operator/">https://ilikemyteeth.org/thank-your-water-utility-operator/</a></p>

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
2.4.b	Conduct a community public awareness campaign on fluoridation and its effectiveness in preventing dental caries.*  <i>*Note: Materials and campaign require pre-approval from the OOH.</i>	07/01/22-06/30/27		A) Marketing materials, such as Public Service Announcements (PSAs), radio ads, letters to the editor, etc. B) Submit data annually on number of public awareness campaigns to CDPH/OOH
2.4.c	Create LHJ specific webpage on fluoridation and its effectiveness in preventing dental caries.	07/01/22-06/30/27		A) Webpage URL
2.4.d EVAL	Identify process and qualitative indicators for school-based or school linked programs and determine if progress on evaluation objectives/indicators.	07/01/22-06/30/27		A) Evaluation Report – identify if target participation rate was met B) Assurance on successful referral
2.4.e EVAL	Identify Success Stories and document them in an engaging format such as a photovoice to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.  <a href="#">Impact and Value: Telling Your Program's Story (cdc.gov)</a>	07/01/22-06/30/27		A) Success stories (photovoice qualitative case study or another engaging format) B) Dissemination plan



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**Objective 3: By June 30, 2027, work with partners to promote oral health by developing and implementing prevention and health care policies and guidelines for programs, health care providers, and institutional settings (e.g., schools) including integration of oral health care and overall health care.**

#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
<i>KOHA</i> 3.1	Assess the number of schools currently not reporting Kindergarten Oral Health Assessments (KOHA) to the System for California Oral Health Reporting (SCOHR).	07/01/22-06/30/27		A) List and number of non-participating schools identified and submit data annually to CDPH/OOH
3.1.a	Identify current processes of participating schools and identify best practices.	07/01/22-06/30/27		A) List of best practices identified
3.1.b	Identify target schools for intervention.	07/01/22-06/30/27		A) List of target schools identified
3.1.c	Recruit and enroll champions. Support onboarding and training of champions.  Champions such as school nurses, PTA, school site council, school registrar, etc. Ask a key person from a successful school to make a presentation to other schools in their district or at a district in-service.	07/01/22-06/30/27		A) List and number of champions recruited and submit data annually on number trained to OOH/CDPH B) Onboarding and training materials C) Number of school districts participating D) Number children served
3.1.d	Provide or adapt tools and training to make presentations and write letters for educating school board members to include KOHA activities in the Local Control funding formula and the Local Control Accountability Plan.	07/01/22-06/30/27		A) Tool kit prepared B) List of presentations made C) Copy of letters written D) Number of schools adopting policies or participating in KOHA as a result of efforts <a href="https://www.ucsf.edu/centers/koha">KOHA Toolkit   California Oral Health Technical Assistance Center (ucsf.edu)</a>
3.1.f	Provide guidance for implementation KOHA participation and reporting.	07/01/22-06/30/27		A) Guidance documents distributed to schools B) Distribute Fact Sheets to build support for KOHA

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
3.1.g	Conduct meetings of key partners, mobilize the community, and set targets.	07/01/22-06/30/27		A) List of key partners B) Schedule of meetings held C) Targets identified
3.1.h EVAL	Identify successful strategies to increase the number of Kindergarten Oral Health Assessments, barriers, and challenges to progress. Identify if any new policies were developed because of efforts. Communicate results of efforts to partners.  Develop a quality improvement project.	07/01/22-06/30/27		A) Provide summary in progress reports of successes, challenges, lessons learned, and recommendations B) Identify if any policies were revised or new policies developed C) Number of new school districts participating D) Number of children served. E) Submit data annually on oral health assessment activities to CDPH/OOH.
3.1.i EVAL	Identify Success Stories and document them in an engaging format such as a photovoice to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.  <a href="#">Impact and Value: Telling Your Program's Story (cdc.gov)</a>	07/01/22-06/30/27		A) Success stories (photovoice qualitative case study or another engaging format). B) Dissemination plan.

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<p><i>Key Partners</i> 3.2</p>	<p>Develop and implement a plan to identify and recruit <b>Key Partners</b> that work with underserved populations: County First 5 Commission, County Office of Education, local Child Health and Disability Prevention, Women, Infants, and Children, Early Head Start/Head Start, Maternal, Child, and Adolescent Health, Black Infant Health, schools, community-based organizations (CBOs), and Home Visiting (HV) Programs.</p> <p><i>*Note: If your LHJ is funded by CDPH's California Home Visiting Program, participate in the Home Visiting Community Advisory Board Meetings.</i></p>	<p>07/01/22-06/30/27</p>		<p>A) Recruitment Plan (see template). B) Recruitment letters. C) List of key partners recruited. D) List of Home Visiting programs, if applicable, document participation in local Advisory Board meetings</p>
<p>3.2.a</p>	<p>Identify the role of partners – outreach, education, assessment, linkage, case management, delivery of services and follow up.</p>	<p>07/01/22-06/30/27</p>		<p>A) Role of partners identified</p>
<p>3.2.b</p>	<p>Convene meetings of Key Partners and discuss prevention and access to care issues.</p>	<p>07/01/22-06/30/27</p>		<p>A) Schedule of meetings</p>
<p>3.2.c</p>	<p>Identify facilitators and barriers to care, and gaps.</p>	<p>07/01/22-06/30/27</p>		<p>A) Facilitators and barriers assessed</p>
<p>3.2.d</p>	<p>Determine the activities for addressing barriers to care.</p>	<p>07/01/22-06/30/27</p>		<p>A) Activities identified</p>

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
3.2.e	Develop and implement tailored trainings for Key Partners on how to integrate oral health in their respective settings through oral health education, assessment, counseling, and linkage to care in the community (referral, and follow-up for oral health care).	07/01/22-06/30/27		A) Training and implementation plan B) List of trainings C) Number of participants D) Evaluation of trainings E) Evaluation of implementation plan
3.2.f	Develop guidance to assist key partner programs to incorporate oral health messages, education, referrals, toolkits, etc.	07/01/22-06/30/27		A) Oral health guidance document regarding messaging, education, referrals, and resources
3.2.g EVAL	Conduct follow-up to determine how many key partners and HV offices have implemented an oral health component.	07/01/22-06/30/27		A) List of key partners and HV offices with oral health component
3.2.h EVAL	Conduct follow-up survey with select families receiving home visitation services to determine the effectiveness of the implementation.	07/01/22-06/30/27		A) Provide summary of results in progress reports of successes, challenges, lessons learned, and recommendations
3.2.i EVAL	Develop sustainability plan or recommendations for revisions to improve the program.	07/01/22-06/30/27		A) Sustainability plan/ recommendations
3.2.j EVAL	Identify Success Stories and document them in an engaging format such as a photovoice to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.  <a href="https://www.cdc.gov/ncbddd/odnh/impact-value-telling-your-program-story">Impact and Value: Telling Your Program's Story (cdc.gov)</a>	07/01/22-06/30/27		A) Success stories (photovoice qualitative case study or another engaging format) B) Dissemination plan

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**Objective 4: By June 30, 2027, address common risk factors for oral diseases and chronic diseases, including tobacco and sugar consumption, and promote protective factors that will reduce disease burden.**

#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
<i>Tobacco</i> 4.1	Conduct a survey* of dental offices to gauge interest in CEU credits for tobacco cessation training. Use survey findings to support tobacco cessation activities.  <i>*Note: Collaborate with Tobacco Control and NEOP to use existing surveys when possible or develop new surveys.</i>	07/01/22-06/30/27		A) Summary of survey findings and plans for using survey information B) Submit data annually on number of dental offices assessed to CDPH/OOH
4.1.a	Provide protocols for dental care providers to assess and document risk factors for oral and pharyngeal cancers and conduct and document assessments.  Provide referral resources for follow-up to primary care.	07/01/22-06/30/27		A) Training materials B) Toolkit for screening C) Community-based resources for referrals to physicians, etc. to mitigate oral disease risk factor. D) Submit data annually on number of dental offices connected to resources to CDPH/OOH
4.1.b	Coordinate participation in tobacco cessation trainings facilitated by State Training and Technical Assistance consultants.	07/01/22-06/30/27		A) List and dates of trainings provided. <i>Where possible, include personnel trained (e.g., number of RDHS, medical assistants, etc.)</i> B) Submit data annually on number of dental offices trained to CDPH/OOH
4.1.c	Provide dental offices with State Training and Technical Assistance tobacco cessation toolkits.	07/01/22-06/30/27		A) Number of dental offices that received resources and submit data annually to CDPH/OOH
4.1.d	Leverage existing health campaigns (ex: oral cancer awareness week, Great American Smokeout) to create awareness of tobacco and oral disease.	07/01/22-06/30/27		A) Marketing materials B) Quantity of views/ interactions on social media C) Impressions on local/ community radio stations

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
4.1.e EVAL	Conduct follow-up to determine how many dental offices implemented tobacco cessation counseling or activities.	07/01/22-06/30/27		A) Provide summary analysis in progress report
<i>SSBs</i> 4.2	Collaborate with local partners to participate in sugar-sweetened beverage (SSB) reduction activities. Participate in an event (ex: Rethink Your Drink statewide day of action) in a dental setting, school, health fair, or community setting; provide dental-specific material in addition to the Rethink Your Drink event in a box; use social media messaging (ex: hashtags) to promote event.	07/01/22-06/30/27		A) Event narrative including: <ul style="list-style-type: none"> <li>○ Number of attendees</li> <li>○ Materials presented</li> <li>○ Social media impressions (views, interactions, retweets, shares)</li> <li>○ B) Submit data annually on number of activities to CDPH/OOH</li> </ul>
4.2.a	Develop or use existing training materials, if available, to deliver an educational session or training for dental offices/school-based programs modeled after the When Sugar Is Not So Sweet technique to help reduce sugary drink consumption.	07/01/22-06/30/27		A) Training materials. B) Summary of what materials were used and number of people at trainings
4.2.b	Deliver trainings/ webinars on healthy beverages to school stakeholders (parents/teachers, health educators, school nurses, daycare/childcare providers).  <i>*Note: May be combined or delivered at KOHA events or during other activities with the same audience.</i>	07/01/22-06/30/27		A) Submit data annually on number of trainings/webinars to CDPH/OOH
4.2.c	Partner with community health workers (CHWs), FQHCs, and health educators to develop guidelines to integrate oral health into chronic disease prevention and control activities.	07/01/22-06/30/27		A) Narrative description of guidelines developed to promote oral health preventive care, regular dental exams, and SSB reduction

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
4.2.d	Post sugar-sweetened beverage reduction information and materials onto LOHP website.	07/01/22-06/30/27		A) Webpage URL.
4.2.e	Conduct follow-up to determine how many dental offices implemented sugar sweetened beverage reduction activities.	07/01/22-06/30/27		A) Provide summary analysis in progress report
4.2.f EVAL	Identify Success Stories and document them in an engaging format such as a photovoice to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.  <a href="#">Impact and Value: Telling Your Program's Story (cdc.gov)</a>	07/01/22-06/30/27		A) Success stories (photovoice qualitative case study or another engaging format) B) Dissemination plan

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**Objective 5: By June 30, 2027, coordinate outreach programs; implement education, health literacy campaigns and promote integration of oral health and primary care.**

#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
<i>OH Literacy</i> 5.1	Collaborate with primary care providers or school administrators to implement an evidence-based oral health literacy campaign for parents and caregivers such as the American Academy of Pediatrics Brush, Book, Bed (BBB) Campaign. Identify a BBB champion who will coordinate the program and inspire partners: e.g., the county's oral health program manager.	07/01/22-06/30/27		A) Evidence-based literacy campaign selected B) Literacy campaign plan C) List of champions identified
5.1.a	Conduct follow-up with providers and school administrators to determine effectiveness of training, impact of BBB or other evidence-based campaign. Identify success, challenges, and recommendations.	07/01/22-06/30/27		A) Provide summary in progress reports of successes, challenges, lessons learned, and recommendations
5.2	Identify a champion to coordinate oral health literacy activities with partners: e.g., key partner, stakeholder, health educator, provider, etc.	07/01/22-06/30/27		A) Health literacy champion identified and submit data annually on number of champions to CDPH/OH
5.2.a	Develop action plan to support and sustain an oral health literate workforce.	07/01/22-06/30/27		A) Action plan.
5.2.b EVAL	Conduct follow-up to determine how many dental offices have implemented an oral health literacy component.	07/01/22-06/30/27		A) Number of dental offices that have added an oral health literacy component and submit data annually to CDPH/OOH
5.3	Adapt and implement trainings tailored to dental offices, primary care offices, and CBOs on how to integrate oral health literacy in their respective settings.	07/01/22-06/30/27		A) Training plan B) List of trainings C) Number of participants D) Evaluation of trainings E) Submit data annually on number of trainings to CDPH/OOH



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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
5.3.a	Partner with community organizations on oral health care literacy campaign for persons with disabilities and foster youth. Adapt existing materials and toolkits when possible.	07/01/22-06/30/27		A) List of materials provided. B) List of partner organizations

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**Objective 6: By June 30, 2027, assess, support, and ensure establishment of effective oral healthcare delivery and care coordination systems and resources, including workforce development, language services, collaborations, and processes that support continuous quality improvement to serve underserved areas and vulnerable populations.**

#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/Performance Measure
6.1	Identify and recruit key partners such as the local dental society, local dental association, local primary care association, etc. to support effective oral healthcare delivery and care coordination systems.	07/01/22-06/30/27		A) List of partners recruited.
6.1.a	Conduct a survey of dental offices inventorying insurance type accepted and populations served.  <i>*Note: Survey questions for this activity may be integrated into other Work Plan activities for provider outreach and surveys.</i>	07/01/22-06/30/27		A) Summary analysis of survey findings B) Submit data annually on number of assessments
6.1.b	Identify unserved areas in the jurisdiction based on survey results.	07/01/22-06/30/27		A) Summary of service gaps and underserved areas identified
6.1.c	Analyze survey results to develop or adapt outreach materials indicating names, locations, and populations served at each dental office.	07/01/22-06/30/27		A) Outreach materials B) Submit data annually on number of resources developed to CDPH/OOH
6.1.d	Configure electronic referral system based on analysis and develop pilot test with 1-2 primary care offices or community-based organizations (CBOs).	07/01/22-06/30/27		A) Summary of pilot test proposal B) List of primary care offices or CBOs
6.1.e	Introduce electronic referral system to primary care offices and CBOs.	07/01/22-06/30/27		A) List of providers and CBOs trained and onboarded B) Submit data annually on number of providers and systems engaged
6.1.f	Partner primary care offices and CBOs with dental offices to facilitate the standardization of warm-handoff referrals.	07/01/22-06/30/27		A) List of partnerships and roles developed

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
6.2.	Launch and sustain a Community of Practice for representatives from the primary care offices, CBOs, and dental offices to meet in-person or virtually on a regular and re-occurring basis to foster performance management, process redesign, and quality improvement.	07/01/22-06/30/27		A) List of Community of Practice members B) Schedule of meetings
6.3	Develop a sustainability plan to maintain efforts.	07/01/22-06/30/27		A) Sustainability plan
6.3.a	Develop or adapt an approved guidance for the application of fluoride varnishes by primary care providers, nurse practitioners, and medical assistants.	07/01/22-06/30/27		A) Guidance document
6.4	Recruit providers for preventive dentistry mentorship program.	07/01/22-06/30/27		A) List of providers recruited
6.4.a	Provide quality improvement (QI) coaching or trainings to primary care offices and CBOs to improve services provided to underserved areas and/or vulnerable populations by integrating follow-up services, chronic disease screenings, culturally and linguistically appropriate services (CLAS) standards, transportation services and “warm-handoff referrals” into their workflow.	07/01/22-06/30/27		A) Summary of QI training or coaching provided

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
6.4.b	Develop QI plan in partnership with Community of Practice.	07/01/22-06/30/27		A) QI plan to include the following areas: <ul style="list-style-type: none"> <li>○ Local oral health resources for supporting QI</li> <li>○ Roles and responsibilities for quality improvement</li> <li>○ Trainings or coaching offered</li> <li>○ Describe how performance management and community feedback is used to identify and prioritize quality improvement initiatives</li> </ul>
6.4.c EVAL	Identify Success Stories and document them in an engaging format such as a photovoice to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.  <a href="https://www.cdc.gov/ncbddd/oddbh/qa/qa-story.html">Impact and Value: Telling Your Program's Story (cdc.gov)</a>	07/01/22-06/30/27		A) Success stories (photovoice qualitative case study or another engaging format) B) Dissemination plan
6.4.d EVAL	Develop and implement a performance management system to support quality improvement.	07/01/22-06/30/27		A) List of attendees in performance management trainings B) List of performance management software used C) List of performance measures tracked to support continuous improvement
6.4.e EVAL	Conduct quality improvement projects in partnership with Community of Practice.	07/01/22-06/30/27		A) Qualitative case study B) QI storyboard

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**Objective 7: By June 30, 2027, create or expand existing local oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies.**

#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/Performance Measure
7.1	Convene a core group or identify a workgroup from existing AC to support the creation or expansion of existing local oral health networks to identify policy solutions, address workforce issues, and develop plans for sustainability and community engagement.	07/01/22-06/30/27		A) List of workgroup members
7.1.a	Identify and recruit key groups/organizations and non-traditional partners to participate in the expanded network to develop strategies to improve oral health.	07/01/22-06/30/27		A) List of organizations recruited B) Submit data annually on number of partners/champions to CDOH/OOH
7.1.b	Establish a regular meeting schedule.	07/01/22-06/30/27		A) Meeting schedule B) Meeting agendas C) Meeting minutes
7.1.c	Select priority issues identified in the Community Action plan to start the process of addressing issues or problems.	07/01/22-06/30/27		A) List of oral health network priorities
7.1.d	Develop communication plan to identify key messages to communicate priorities and strategies to achieve improved oral health for underserved and vulnerable populations.	07/01/22-06/30/27		A) Communication plan
7.1.e	Discuss the structure of the workgroup and determine if the work group needs to be broadened to address priorities. Recruit additional members and non-traditional members as needed.	07/01/22-06/30/27		A) List of organizations represented in workgroup
7.1.f	Create a common vision and agree on shared values.	07/01/22-06/30/27		A) List of vision and values
7.1.g	Develop an action plan to support oral health improvements; identify short, medium, long-term objectives.	07/01/22-06/30/27		A) Action plan summary

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#	Activity Description	Time Frame	Responsible Party	Evaluation/Reporting/ Performance Measure
7.1.h	Identify opportunities to share resources and leverage matching dollars or new funding sources for prevention activities to improve oral health for underserved and vulnerable populations.	07/01/22-06/30/27		A) List of opportunities identified
7.1.i EVAL	Conduct focus groups, key informant interviews, and surveys with members of underserved communities, vulnerable populations community partners to inform communication messaging and action plan priorities.	07/01/22-06/30/27		A) Provide summary of key insights from quantitative and qualitative data collected
7.1.j EVAL	Identify the number of priorities that were addressed, success, challenges, lessons learned, and recommendations for improvement in an evaluation report.	07/01/22-06/30/27		A) Provide summary in progress report submissions of successes, challenges, lessons learned, and recommendations for improvement