Appendix 9

LOCAL ORAL HEALTH PROGRAM LOGIC MODEL

Using these resources
INPUTS

Existing Infrastructure

- *Oral health program Funding & Staff*

Additional Infrastructure developed with funding from other than current funding levels

Additional resources as they become available

We engage in these activities
ACTIVITIES

Identify program activities related to the following:

1. Program infrastructure – staffing, management & support
2. Data collection & surveillance
3. Kindergarten Oral Health Assessment participation & reporting
4. Needs assessment
5. Identification of resources & assets
6. Oral Health Action Plan
7. Interventions/programs
8. Partnerships & coalitions
9. Communications & literacy
10. Policy development
11. Training & TA
12. Evaluation
13. Program Coordination & Collaboration with internal/ external partners
14. School-based/ school-linked programs
15. Community-clinical linkage systems
16. Patient referral management systems
17. Performance management systems
18. SWOT analysis

To produce these results
PRODUCTS/ OUTPUTS

Identify program outputs for the following:

- Program staffing plans
- Staff participation in required trainings and meetings
- KOHA data
- Evaluation Plan
- Performance management data
- Needs Assessment report
- Asset Map published on LOHP website
- Community Health Improvement Plan
- Program Logic Model
- List of Advisory Committee members
- Quality Improvement Plan
- Photovoice for success stories
- SWOT analysis report

Which will yield these benefits
OUTCOMES

Outcomes

Short Term:

- Increased capacity
- Enhanced collaboration
- Targeted surveillance
- Collaborative communications
- Coordinated system to address specific needs

Intermediate:

- Increased utilization of data and resources for program decision making
- Increased number of engaged partners
- Increased number of policies and programs that support oral health
- Increased engagement of dental, medical and social services workforce
- Increased number of people engaged in healthier habits
- Increased number of people receiving evidence-based interventions
- Increased utilization of and retention in preventive dental care

Long Term:

- Reduction in
  - Dental caries prevalence & untreated caries as measured in kindergarten and 3rd grade children
  - Tooth loss
  - Oral & pharyngeal cancers
  - Emergency room visits
  - Children treated under general anesthesia
- Reduction in health disparities across racial/ethnic groups
- Progress towards achieving oral health equity

Will lead to achieving
CALIFORNIA ORAL HEALTH PLAN OBJECTIVES

Indicators

- Caries experience & Untreated caries
  - Kindergarten; Third Grade
- Tooth loss
  - Ever had a permanent tooth extracted among 35-44 years
  - Complete tooth loss among 65+ years
- Percentage of the population receiving Community Water Fluoridation
- Tobacco cessation counseling in dental offices
- Preventive dental visit in children
  - Preventive dental visit among Medicaid enrolled children (1-20 years)
- Children with dental sealant on a molar (6-9 years)
- Dental visit during pregnancy
- Children under 6 years enrolled in Medi-Cal receiving dental services provided by a non-dentist provider
- People with diabetes who have at least an annual dental visit
- Oral and pharyngeal cancer detected at the earliest stage
- Emergency room visits
- Number of children treated under general anesthesia
- Number of Community Health Worker and Home Visiting Program that provide oral health counseling and care coordination
- Number of FQHCs providing dental services
- Number of patients who receive dental services at FQHCs
- Number of dentists practicing in dental professional shortage areas
- Dental sealant placement & retention
  - Kindergarten; Third Grade
- Number of eligible schools with a dental program