Advancing Oral Health Equity in California 2027-2030 LOHP RFA
The Concentric Circles of Oral Health Care Option
June 24, 2026

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Local Oral Health Programs Grant Application Objectives

Local Oral Health Programs Grant Application Guidelines and Priority Selection

California Local Oral Health Programs are able now to apply for funding through the Advancing Oral Health Equity in California 2027-2030 LOHP RFA. Information about the RFA is available here.

One component of the RFA is in Exhibit A where LOHPs are asked to select one or more objectives for their grant supported activities.

One of the objectives is "Concentric Circles of Care: Promote and expand innovative community-based prevention and minimally invasive dental procedures."

Because this may be a new concept for LOHPs, the purpose of this document is to provide information about what this objective refers to and what would be involved if an LOHP chooses this objective.

This document includes information including:

- An overview of the Concentric Circles of Oral Health Care model of oral health care.
- What LOHPs that chose this objective could do
- What support would be available for LOHPs that choose this objective
- How to respond to the questions on the Exhibit A Scope of Work document

Concentric Circles of Oral Health Care: A New Workforce Model

The Challenge and Opportunity

The current oral health system, based primarily in dental offices and clinics, does not reach the majority of people in the US population and serves relatively few people in low income, ethnically and racially diverse, and rural population groups.

California is combining several innovations in community-based oral health care to create a full-service system that reaches many more people and uses available resources in a more equitable and effective manner.

The focus of this system is an expanded workforce that uses non-health licensed personnel working for community-based social and educational organizations as a new front line oral health workforce, supported by and connected to licensed oral health professionals in traditional oral health systems.

This new oral health model is being referred to as the Concentric Circles of Oral Health Care System because of its structure as a three-tier interconnected system for improving and maintaining oral health.

Concentric Circles of Oral Health Care Workforce Model

California Northsate Univerrsity (CNU) has developed and tested a new innovative, teledentistry and AI supported oral health workforce model featuring a non-health licensed personnel workforce. This system has been named the Concentric Circles model of care to describe the three-tied system with the non-health licensed workforce at the at the front end of the oral health system.

These non-health licensed personnel can include:

- Home visitors (working in home visiting agencies)
- Early Head Start home visitors
- Head Start staff and family advocates
- School staff and volunteers
- Community Health Workers (CHWs)
- Promotoras

These non-health licensed personnel play important roles in the Concentric Circles model including:

- Risk assessment and urgency categorization using:
    - Oral healthy habits assessment
    - Teledentistry and AI supported Remote Mouth Scans
- Adoption of mouth healthy habits
- Preventive oral health procedures
- Referral and care management

The Concentric Circles model is based on the idea many people can have and maintain good oral health using resources and a workforce that is far more available and far less costly than treatment in a dental office or clinic by oral health professionals. CNU has combined several previously proven strategies in demonstrations of this full-service, full-population, community engaged oral health system with a non-health licensed workforce at the front end of the system as illustrated in Figure 1.

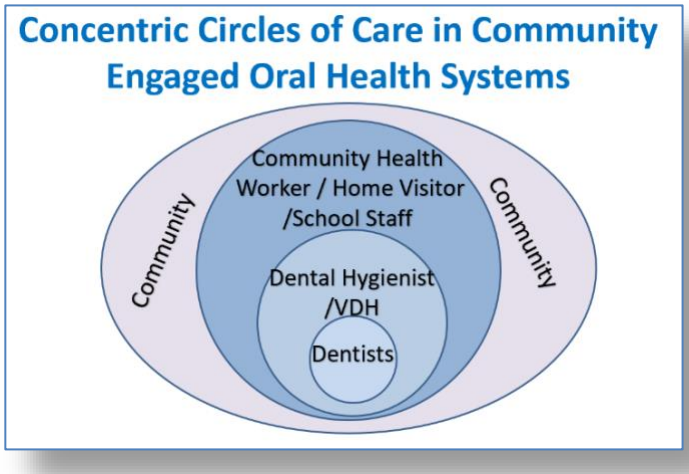

Figure 1: Diagram of the Concentric Circles of Oral Health Care System

The Concentric Circles model has been piloted and tested in several California Counties. The opportunity now is for widespread adoption of this new and important workforce model.

System Components and Capacities

The components of the system in the diagram above are:

- The innermost circle is traditional dental offices and clinics that are able to provide the most complex and resource-intensive treatment procedures but are expensive, difficult to access for many people, and currently serve a relatively small portion of the population, particularly those in rural, low-income, and diverse communities.
- The next circle is the community-based Virtual Dental Home (VDH) system that uses dental hygienists and other dental professional staff deployed in community sites like schools and pre-schools and other locations who are able to capture diagnostic records and perform prevention and early intervention procedures. They collaborate with dentists using a telehealth system and are able to keep many people healthy in the community sites without the need to travel to a dental office or clinic.
- The next circle and the newest component of this system, uses a workforce composed of community-based non-health licensed personnel working for community-based social and educational organizations. These include home visitors working for home visiting agencies, Early Head Start home visitors, Head Start staff and family advocates, school staff and volunteers, residential long term care facility staff, community health workers (CHWs), and Promotoras.

Members of the new front-line non-health licensed oral health workforce are trained and supported with a number of tools and technologies to support this new role:

- They are able to use data collection technology, decisions support systems, a remote "Mouth Scan" AI supported oral health assessment system using technology and telehealth connections through a dedicated system to connect to remote dental professionals. Figure 2 contains images from the Mouth Scan system. This system allows them to categorize families with young children, children themselves, and adults based on a risk categorization system which ensures that scarce system resources are focused on those most in need.

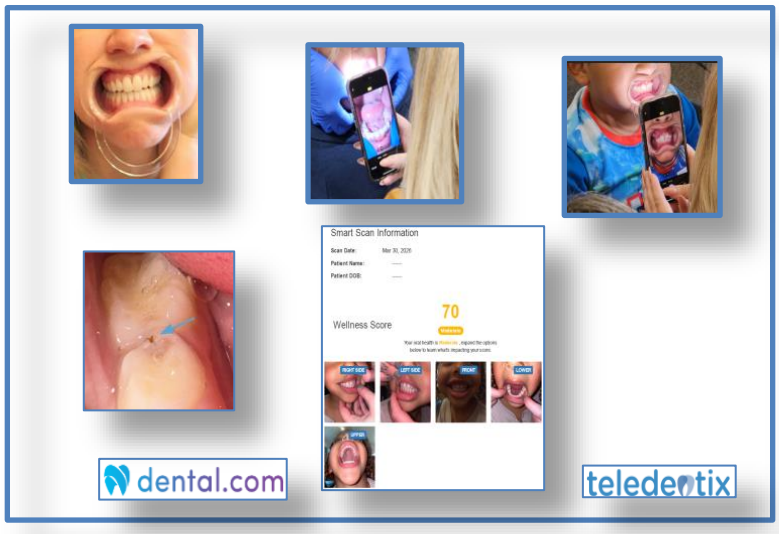

Figure 2: Images and Wellness Report® from Mouth Scan System

- They are trained and able to use targeted behavior support tools to address the oral health needs of many people in community locations. The ability to support families, children and others in adopting "Mouth-Healthy Habits" is greatly enhanced by engaging this workforce of non-health licensed personnel and systems in the outer circle. They have a far greater ability, compared to oral health professionals, to reach people needing this support, provide ongoing coaching and monitoring, and ensure gradual adoption of new behaviors that translate into ongoing habits.
- They are able to use early prevention interventions to address oral health disease very early in the disease process. In California, members of the new front-line non-health licensed oral health workforce are able to apply fluoride varnish in community locations. They have been shown to be very effective in getting parents of young children, even those hesitant about the use of systemic fluoride, to accept this very effective procedure because of their relationship with families and their ability to provide information indicating that fluoride varnish stays only on the teeth and is not absorbed into the rest of the body. Those working in early childhood home visiting programs are able to get fluoride varnish applied "from the first tooth", a stated but seldom achieved goal in traditional oral health systems. Figure 3 includes images from the fluoride varnish training program that includes techniques for direct application and for coaching parents to apply fluoride varnish for their children.

Figure 3: Images from Fluoride Varnish Application Training including Fact Sheet and positioning for direct application (with gloves) and by parents (no gloves).

- For those in higher risk categories they can facilitate involvement of personnel and systems in the inner circles.

Community Health Worker Certification

In California, certified Community Health Workers (CHW) can perform oral health education and referral activities and collaborating oral health professionals can bill for these services. CNU, in partnership with the Sacramento Medicaid Dental Advisory Committee (MCDAC), has developed a short, free, on-line CHW training and certification program that meets California's CHW Certification requirements and facilitates community-based personnel becoming certified as CHWs. Modules in these programs include communication, services coordination, policy and public health, oral health 101, and billing and communication systems. This certification and payment mechanism adds a critical incentive for oral health professionals to partner with community organizations and the non-health licensed oral health workforce with the CHW certification. Figure 4 lists the program components.

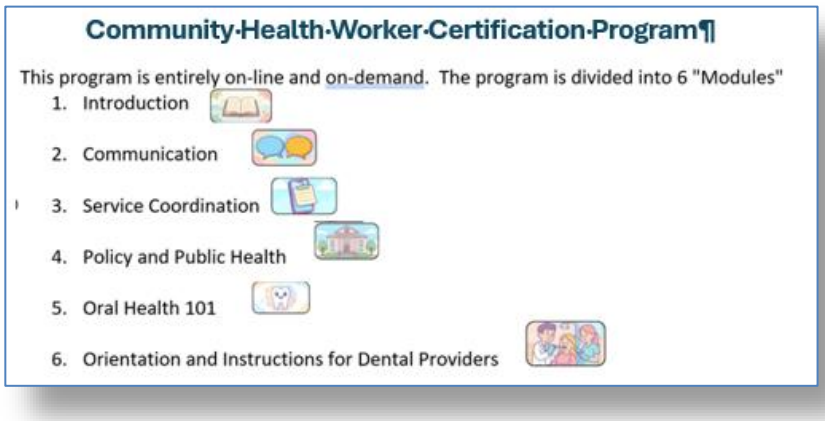

Figure 4: Components of the on-line Community Health Worker Certification Program

Relative Roles and Responsibilities

Figures 5, 6, and 7 list the various roles and responsibilities of personnel in the three tiers of the Concentric Circles system.

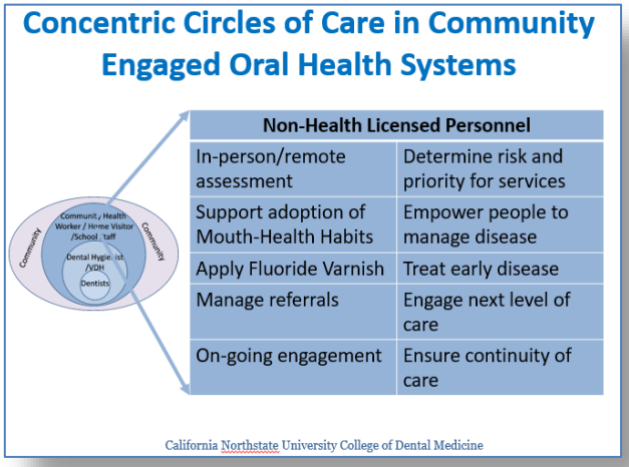

Figure 5: Roles and Responsibilities of Non-Health Licensed Workforce Personnel

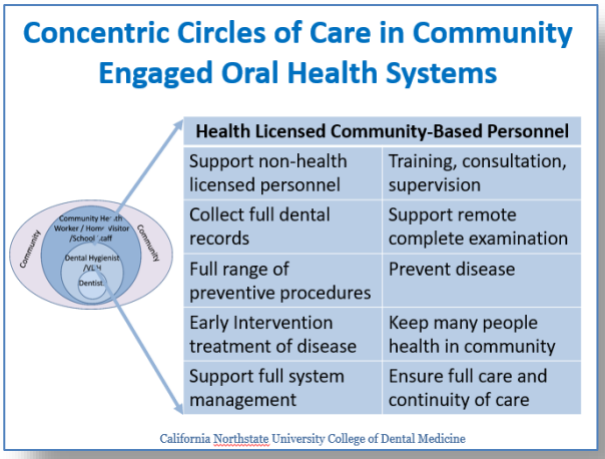

Figure 6: Roles and Responsibilities of Community-Based Oral Health Personnel

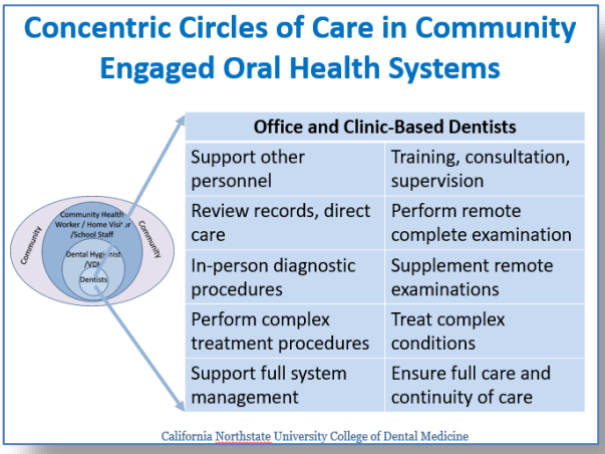

Figure 7: Roles and Responsibilities of Office and Clinic-based Dentists

Interconnected Systems

The Concentric Circles system uses a data and communications technology infrastructure that ties all these circles together with full data about activities and history from any of the circles available to anyone appropriately providing or involved with services for any individual in the system. This forms a coordinated and interconnected system. This system allows full care coordination and care management to ensure that people receive the services they need in the most convenient location and at the lowest cost based on their location, conditions, and level of risk.

This system uses a customized technology platform that includes components from Dental.com® and Teledentix® to create a fully interconnected community wide system. Figure 8 illustrates how this technology support system connects the new non-health-licensed workforce performing remote mouth scans and risk categorization or applying fluoride varnish with community-based oral health professionals performing minimally invasive procedures and

collecting full oral health records in the community with dentists performing more complex procedures for the small portion of the population that needs that level of service.

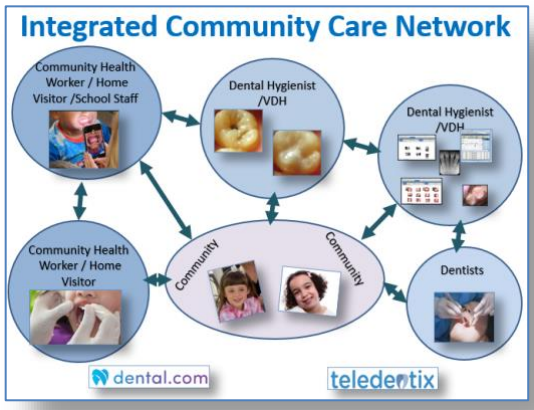

Figure 8: Diagram of the Fully Interconnected Community-based Oral Health System

Benefits

Expansion of the Concentric Circles of Oral Health Care system, using a new workforce of non-health licensed community-based personnel described here, has many benefits. It will:

- Expand the number of people who can be reached and served in this expanded oral health system and keep many people healthy in community locations
- Categorize people that normally receive little or no oral health services through identification of conditions and risk. This allows increasingly scarce resources to be focused on those with the highest risk.
- Provide basic support for adoption of "mouth-healthy habits" to a large segment of the population by people and systems closest to the people and their communities and best able to support adoption of these habits.
- Provide oral health prevention procedures directly in community locations and reach individuals from the time of birth and before and throughout the lifespan.
- Connect all of the components, using telehealth systems and technologies to create a full-service, full-population, community-engaged oral health system.

California's Oral Health Policy Environment

California has developed and now supports a policy environment which is very favorable for using and supporting non-health licensed community-based personnel. The policy Includes both scope of practice elements and payment systems that support this system.

What LOHPs that chose the Concentric Circles objective could do

As described above, there are multiple possible components of the Concentric Circles model. LOHP selecting this objective would not need to support all of them. They can pick a few components to focus on with this round of funding. Other components can be added in the future.

LOHPs can decide to implement one or more of the Concentric Circles activities from the list below. All these activities focus on new non-health licensed professional workforce members:

- Enroll non-health licensed workforce members and assist them to complete the Community Health Worker (CHW) certification program described above.
- Have non-health licensed workforce members perform oral health screenings and oral health risk determination for a specific population(s) including:
    - Complete structured oral health habits questionnaires for community members they serve.
    - Complete remote, AI supported, Mouth Scans with guided cell phone images and reviewed and assessed by remote oral health professionals.
- Use the systems above to complete the required Head Start "90-day Determination" in Head Start programs.
- Have non-health licensed workforce members to directly apply or coach parents to apply Fluoride Varnish.
- Have non-health licensed workforce members support follow up on-site dental care by dental hygienists and staff using portable equipment at community locations for individuals identified in the screening process as needing this level of care plus outreach, patient navigation, and care coordination.

What support would be available for LOHPs that choose this objective

While the LOHPs will be able to use state funding to support local agencies and hire staff to work on these activities, they may not receive enough funding for support for implementing these systems such as training and technical support and software subscriptions. LOHPs that choose this objective may be able to receive support from CNU that includes training and technical support for individual LOHP activities under this objective

This support will allow LOHPs to use their state funding for local personnel and activities.

How to respond to the questions on the Exhibit A Scope of Work in the RFA

The Task/Activities choices in Exhibit A – Scope of Work in the RFA do not describe all the options available for actual work activities using this funding.

LOHPs can actually include activities of the Concentric Circles model in any of the other objectives.

If LOHPs select this objective, here are some possible suggestions for filling out that section at this time:

☐ **3. Concentric Circles of Care** Promote and expand innovative community-based prevention and minimally invasive dental procedures.	☒ 3.1 Promote alternative access to dental services for underserved areas and populations, such as rural communities, people living with disabilities, and residents of long-term care facilities and identify training resources if applicable. These alternatives may include but are not limited to: ☐ 3.1.A Mobile Dental Programs ☐ 3.1.B Virtual Dental Homes ☐ 3.1.C Artificial Intelligence-based methods ☒ 3.1.D Use non-health licensed personnel as the front-line in the oral health system
	☒ 3.2 Promote alternative treatment methods that encourage minimally invasive procedures to decrease dependency on sedation dentistry. These alternatives may include but are not limited to: ☒ 3.2.A Silver Diamine Fluoride ☒ 3.2.B Interim Therapeutic Restorations ☒ 3.2.C Train and support non-health licensed personnel to apply Fluoride Varnish
	☒ 3.3 Promote care coordination and referral management by leveraging clinical and community partners *(select all that apply)*: ☒ 3.3.A CHWs ☒ 3.3.B Home Visiting Programs ☒ 3.3.C Registered Dental Hygienists ☒ 3.3.D Remote AI supported assessment by non-health licensed personnel
	☐ 3.4 Promote resources that help train CHWs, such as the CHW oral health curriculum developed by UCLA in partnership with the CDPH Office of Oral Health