

Flexible Workplan Options for Advancing Oral Health 2027–2030 LOHP Grant Cycle

Due to decreased funding for the upcoming grant cycle, Local Oral Health Program (LOHP) workplans will be streamlined to allow for increased flexibility while continuing to advance oral health equity. LOHPs will be able to select objectives and associated activities from a set of statewide oral health priority areas. Programs may choose any combination of objectives and activities that best align with their local capacity, community needs, and available resources. LOHPs may also propose additional oral health-focused activities consistent with their Community Health Needs Assessment (CHNA) and/or Community Health Improvement Plan (CHIP); subject to approval by the Office of Oral Health (OOH).

The following priority areas were co-developed with the California Partnership for Oral Health (CPOH), its workgroups – including local oral health partners – and the Partnership Steering Committee. These broad categories will guide the development of LOHP workplans for the 2027–2030 grant cycle. Statewide partners and programs may support LOHP efforts by providing training, technical assistance, educational materials, and other resources.

Priority Areas Informing the 2027–2030 LOHP Scope of Work

1. School-Based Linkages

Strengthen oral health promotion and preventive services in early education and school settings.

Examples include:

- Implementing activities focused on promoting oral health for elementary-age children (TK, Kindergarten, and 3rd grade).
- Supporting school-based/linked activities such as oral health education, fluoride varnish, sealants, and the Kindergarten Oral Health Assessment (including remote KOHA).
- Promoting care coordination and referral management in educational settings.
- Partnering with WIC, Head Start, MCAH, and Home Visiting programs to promote best practices for caries prevention (e.g., daily toothbrushing, reducing sugary foods/drinks, promoting drinking water).

2. Medical-Dental Integration

Elevate the connection between oral health and overall health to improve outcomes for priority populations.

Examples include:

- Engaging providers such as OB/GYNs, pediatricians, nurses, pharmacists, CHWs, Promotoras, home visitors, and others who serve priority populations.
- Expanding oral health literacy through clinical and community education.
- Promoting care coordination and referral management to ensure timely dental care.

- Implementing evidence-based tobacco cessation strategies and advancing healthy beverage initiatives.
- Strengthening partnerships to reduce emergency room visits for non-traumatic dental conditions.

3. Concentric Circles of Care

Promote and expand innovative, community-based prevention models that reach people where they live, work, learn, worship, and play.

Examples include:

- Promoting alternative dental access models (e.g., VDH, mobile programs, remote screenings and AI based methods) in rural areas, dental deserts, schools, and skilled nursing facilities.
- Strengthening care coordination and referrals by leveraging community and clinical partners.
- Partnering with dentists, RDHs, RDHAPs, home visiting programs, CHWs, and Promotoras.
- Collaborating with regional centers and providers serving individuals with special health care needs to promote minimally invasive approaches (e.g., silver diamine fluoride [SDF], interim therapeutic restorations) and reduce reliance on sedation dentistry.
- Promoting resources and training related to Concentric Circles of Care models, including VDH, CHWs, and remote KOHA.

4. Community Water Fluoridation (CWF)

Maintain and support community water fluoridation through education, partnerships, and sustained engagement.

Examples include:

- Protecting and maintaining CWF
- Building relationships with water operators, local leaders, and partners to promote understanding of CWF.
- Collaborating with state and local partners to align messaging and reinforce consistent, evidence-based fluoridation practices.
- Participating in local and statewide efforts to maintain fluoridation and elevate rollback issues to OOH.
- Sharing educational resources from trusted organizations (e.g., CDPH, AAP, AAPD, ADA, CDA, ILikeMyTeeth.org).
- Promoting alternative fluoride modalities (e.g., supplements, varnish, SDF), especially in non-fluoridated communities.
- Providing educational resources and materials on fluoride supplements and alternative fluoride options.

5. Other LOHP-Identified Priorities

LOHPs may identify additional oral health interventions based on CHNA/CHIP findings. These additions provide flexibility to address local needs. All activities must be oral health–focused and approved by OOH in the final workplan.