LOCAL ORAL HEALTH PROGRAM LOGIC MODEL

Using these resources **INPUTS**	We engage in these activities **ACTIVITIES**	To produce these results **PRODUCTS/ OUTPUTS**	Which will yield these benefits **OUTCOMES**	Will lead to achieving **CALIFORNIA ORAL HEALTH PLAN OBJECTIVES**

Existing Infrastructure
• _Oral health program Funding & Staff_
 	
Additional Infrastructure developed with funding from other than current funding levels
 	
Additional resources as they become available
	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
		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
			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
			  o Dental caries prevalence & untreated caries as measured in kindergarten and 3rd grade children
			  o Tooth loss
			  o Oral & pharyngeal cancers
			  o Emergency room visits
			  o Children treated under general anesthesia
			• Reduction in health disparities across racial/ethnic groups
			• Progress towards achieving oral health equity
				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