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. LHJs will maintain regular reporting to demonstrate progress towards implementing grant activities.

LHJs or designees must select Grant Activities and Reporting/Tracking Measures for objectives 1, 2, and 3 and will be responsible for selecting, at a minimum, one additional objective (from objectives 4 – 7) of their choice for the entire grant term. LHJs or designees can choose one or all objectives from 4-7.

A more comprehensive summary of expectations for grant objectives, activities, and reporting/tracking measures is included in a separate LOHP Work Plan in Appendix 2.

*Based on the guidance above, please indicate which of the objectives and activities your local health jurisdiction will implement by placing an "X'' in the appropriate check box below. Maintain records of reporting/tracking measures for all selected objectives and submit documentation annually, bi-annually, or as necessary, including all relevant documentation in progress report and data form submissions:*

|  |  |  |
| --- | --- | --- |
| Activities  | Reporting/ Tracking Measures  | Timeline |
| [ ]  **Objective 1: By June 30, 2027, establish or sustain program infrastructure, partnerships, and processes to ensure implementation and evaluation of the Work Plan.** |
| [ ]  **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. | **1.1.a(A):** LOHP staff trainings list**1.1.b(A):** Advisory Committee (AC) members list**1.1.c(A):** AC meeting agendas**1.1.c(B):** Number of AC meetings convened**1.1.c(C):** AC meeting participation list**1.1.d(A):** Community engagement summary**1.1.e(A):** List of partner communications**1.1.f(A):** AC meeting minutes **1.1.g(A):** AC satisfaction survey evaluation | 07/1/22- 06/30/27 |
| [ ]  **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. | **1.2(A):** List of prominent social determinants of health in LHJ **1.2(B):** 2020 census data on vulnerable/ underserved demographics in LHJ **1.2.a(A):** Needs Assessment (NA) work group roster**1.2.b(A):** Summary resources and service gaps **1.2.c(A):** NA instrument**1.2.d(A):** Data gathered and inventoried **1.2.d(B):** Summary of analysis and data gaps**1.2.d(C):** Identified resources to fill data gaps **1.2.d(D):** Description of methods selected**1.2.e(A):** Action plan to collect missing NA data**1.2.e(B):** Summary of data collected**1.2.f(A):** Data summary report  | 07/1/22- 12/31/25 |
| [ ]  **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. | **1.3.a(A):** Inventory of community assets and resources**1.3.b(A):** Published inventory of community assets/resources and service gaps | 07/1/22- 12/31/25 |
| [ ]  **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. | **1.4.a(A):** CHIP timeframe**1.4.a(B):** Summary of objectives and strategies**1.4.a(C):** List of participants in CHIP planning **1.4.b(A):** List of planning meetings and meeting minutes**1.4.c(A):** Action plan **1.4.d(A):** Summary report  | 07/1/22 – 08/31/26 |
| [ ]  **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. | **1.5.a(A):** List of stakeholders in evaluation process**1.5.b(A):** Program logic model **1.5.c(A):** Evaluation Plan grid **1.5.d(A):** Evaluation Plan progress summary | 07/1/22- 12/31/25 |
| [ ]  **1.6:** Complete progress reports (PR) bi-annually using the progress report template provided. Detailed instructions will be provided. | **1.6(A):** PR 1 July 1st – December 31, 2022* DUE January 31, 2023

**1.6(B):** PR 2 January 1st – June 30, 2023 * DUE July 31, 2023

**1.6(C):** PR 3 July 1st – December 31, 2023* DUE January 31, 2024

**1.6(D):** PR 4 January 1st – June 30, 2024* DUE July 31, 2024

**1.6(E):** PR 5 July 1st – December 31, 2024* DUE January 31, 2025

**1.6(F):** PR 6 January 1st – June 30, 2025* DUE July 30, 2025

**1.6(G):** PR 7 July 1st – December 31, 2025* DUE January 31, 2026

**1.6(H):** PR 8 January 1st – June 30, 2026* DUE July 30, 2026

**1.6(I):** PR 9 July 1st – December 31, 2026* DUE January 31, 2027

**1.6(J):** PR 10January 1st – June 30, 2027 * DUE July 30, 2027
 | 07/1/22- 06/30/27 |
| [ ]  **Objective 2: By June 30, 2027, implement evidence-based programs to achieve California Oral Health Plan objectives.**  |
| [ ]  **2.1:** Conduct planning to support the development of community-clinical linkages and school-based/ school-linked programs. | **2.1.a(A):** Strengths Weaknesses Opportunities Threats (SWOT) analysis summary report **2.1.b(A):** List of participating and identified schools and grades **2.1.b(B):** Program model selected and tracking system**2.1.b(C):** List of partners and roles **2.1.b(D):** List of services**2.1.b(E):** Early prevention intervention selected**2.1.b(F):** Implementation plan**2.1.b(G):** List of equipment purchased**2.1.b(H):** Invoices for billing | 07/01/22-06/30/23 |
| [ ]  **2.2:** Identify, maintain, and expand partnerships with dental providers and schools to implement, administer, and sustain school dental programs in targeted sites. | **2.2(A):** Memorandums of Understanding (MOUs) and other partnership agreements**2.2.a(A):** List of participating and identified schools and grades**2.2.b(A):** List of dental providers with partnership agreements**2.2.c(A):** Activity log**2.2.d(A):** Sealant education materials**2.2.d(B):** Fluoride education materials **2.2.d(C):** Preventive dental services education materials **2.2.e(A):** Distribution list and format**2.2.e(B):** Number of stakeholders reached**2.2.e(C):** List of educational materials provided **2.2.e(D):** Consent forms on file **2.2.f(A):** Implementation schedule **2.2.g(A):** Number of education sessions delivered**2.2.g(B):** List of trainings provided and site**2.2.h(A):** Number of schools with a dental program **2.2.h(B):** Number of children screened  | 07/01/22-06/30/27 |
| [ ]  **2.3:** 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. | **2.3(A):** Number and proportion of eligible schools participating**2.3(B):** Number and proportion of eligible children screened**2.3(C):** Referral acceptance**2.3(D):** Patient contact**2.3(E):** Receipt of services**2.3(F):** Need resolution **2.3.a(A):** Number of dental providers accepting referrals **2.3.a(B):** List of participating providers**2.3.b(A):** Written care coordination protocol**2.3.c(A):** Estimated number and proportion of high-risk children needing sealants and referrals**2.3.c(B):** Referral criteria **2.3.d(A):** Check-list for school-based program readiness **2.3.e(A):** Narrative summary of preventive services implemented **2.3.e(B):** Number of sealants**2.3.e(C):** Number of fluoride varnish applications received**2.3.e(D):** Number of toothbrush prophylaxis treatments received**2.3.e(E):** Total number of students receiving preventive services **2.3.f(A):** Communications**2.3.f(B):** Success of referrals**2.3.f(C):** Data findings**2.3.f(D):** Number of successful referrals**2.3.f(E):** Quality improvement (QI) strategies **2.3.f(F):** Increase in children served**2.3.f(G):** Timelines for data review  | 07/01/22-06/30/27 |
| [ ]  **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. | **2.4(A):** Training agenda**2.4(B):** Training materials **2.4(C):** Number of community trainees for community water fluoridation trainings**2.4.a(A):** Number of engineers/ operators trained**2.a(B):** List of trainees and trainings**2.4.b(A):** Marketing materials **2.4.b(B):** Number of public awareness campaigns **2.4.c(A):** Webpage URL **2.4.d(A):** Evaluation report**2.4.d(B):** Assurances for successful referral**2.4.e(A):** School dental program success stories **2.4.e(B):** Dissemination plan  | 07/01/22-06/30/27 |
| [ ]  **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. |
| [ ]  **3.1:** Assess the number of schools currently not reporting Kindergarten assessments to the System for California Oral Health Reporting (SCOHR). | **3.1(A):** List and number of KOHA non-participating schools identified**3.1.a(A):** List of KOHA best practices**3.1.b(A):** List of KOHA target schools **3.1.c(A):** List and number of KOHA champions**3.1.c(B):** KOHA champion onboarding and training materials**3.1.c(C):** Number of school districts participating in KOHA intervention **3.1.c(D):** Number of children served by KOHA intervention **3.1.d(A):** KOHA toolkit**3.1.d(B):** List of KOHA presentations made**3.1.d(C):** Copy of KOHA letters written **3.1.d(D):** Number of schools adopting policies or participating in KOHA because of efforts**3.1.f(A):** KOHA guidance documents for schools**3.1.f(B):** KOHA fact sheets**3.1.g(A):** List of KOHA key partners**3.1.g(B):** Schedule of KOHA key partners meetings held**3.1.g(C):** KOHA targets identified **3.1.h(A):** KOHA summary in progress reports**3.1.h(B):** KOHA policies revised and developed**3.1.h(C):** Number of school districts reporting KOHA data **3.1.h(D):** Number of children receiving KOHA screening **3.1.h(E):** Number of oral health assessment activities, number of assessment events, number of assessment messages, and number of new schools participating in assessments**3.1.i(A):** KOHA success stories **3.1.i(B):** KOHA success stories dissemination plan | 07/01/22-06/30/27 |
| [ ]  **3.2:** Develop and implement a plan to identify and recruit key partners that work with underserved populations: First 5 commission, County Office of Education, local Child Health and Disability Prevention (CHDP), Women, Infants, and Children (WIC), Early Head Start/Head Start, Maternal, Child, and Adolescent Health (MCAH), Black Infant Health (BIH), schools, Community-based organizations (CBOs), and Home Visiting (HV) Programs. | **3.2(A):** Key partner recruitment plan**3.2(B):** Key partner recruitment letters**3.2(C):** List of key partners recruited**3.2(D):** List of Home Visiting programs **3.2.a(A):** Role of key partners summary**3.2.b(A):** Schedule of key partners meetings**3.2.c(A):** Facilitators and barriers to care identified**3.2.d(A):** Activities to address barriers to care **3.2.e(A):** Key partner training and implementation plan**3.2.e(B):** List of key partner trainings**3.2.e(C):** Evaluation of key partner trainings**3.2.e(D):** Evaluation of key partner implementation plan**3.2.f(A):** Key partner oral health guidance document **3.2.g(A):** List of key partners with oral health component**3.2.h(A):** Home Visiting survey results in progress reports **3.2.i(A):** Key partners sustainability plan **3.2.j(A):** Key partners success stories**3.2.j(B):** Key partners success stories dissemination plan  | 07/01/22-06/30/27 |
| [ ]  **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.  |
| [ ]  **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.   | **4.1(A):** Summary of tobacco cessation survey findings and plans for using survey information **4.1(B):** Number of dental offices assessed **4.1.a(A):** Risk assessment training materials**4.1.a(B):** Risk assessment toolkit**4.1.a(C):** Referral resources for identified risk factors **4.1.a(D):** Number of dental offices connected to resources **4.1.b(A):** List and dates of tobacco cessation trainings **4.1.b(B):** Number of dental offices trained for tobacco cessation **4.1.c(A):** Number of dental offices receiving tobacco cessation toolkits **4.1.d(A):** Tobacco cessation marketing materials**4.1.d(B):** Tobacco cessation social media views and interaction data**4.1.d(C):** Tobacco cessation radio messaging impressions data **4.1.e(A):** Tobacco cessation summary analysis in progress reports  | 07/01/22-06/30/27 |
| [ ]  **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.  | **4.2(A):** SSB reduction event narrative**4.2(B):** Number ofSSB reduction event activities**4.2.a(A):** SSB reduction training materials**4.2.a(B):** SSB reduction training summary **4.2.b(A):** Number ofSSB reduction trainings and webinars **4.2.c(A):** Narrative description of oral health guidelines integrated into partner chronic disease prevention and control activities **4.2.d(A):** SSB reduction webpage URL **4.2.e(A):** SSB reduction summary analysis in progress reports **4.2.f(A):** SSB reduction success stories **4.2.f(B):** SSB reduction success stories dissemination plan  | 07/01/22-06/30/27 |
| [ ]  **Objective 5:** By June 30, 2027, coordinate outreach programs; implement education, health literacy campaigns and promote integration of oral health and primary care. |
| [ ]  **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.  | **5.1(A):** Evidence-based health literacy campaign identified **5.1(B):** Health literacy campaign plan**5.1(C):** List of health literacy champions for providers and schools **5.1.a.(A):** Health literacy campaign summary analysis in progress report submissions  | 07/01/22-06/30/27 |
| [ ]  **5.2:** Identify a champion and coordinate oral health literacy activities with partners: e.g., key partner, stakeholder, health educator, provider, or others.   | **5.2(A):** List and number health literacy champions for partner outreach **5.2.a(A):** Oral health literacy workforce action plan **5.2.b(A):** Number of dental offices with added oral health literacy component**5.3(A):** Oral health literacy training plan**5.3(B):** List of oral health literacy trainings**5.3(C):** Number of oral health literacy trainees**5.3(D):** Evaluation of oral health literacy trainings**5.3(E):** Number of oral health literacy trainings**5.3.a(A):** List of oral health literacy materials provided**5.3.a(B):** List of partner organizations receiving oral health literacy materials  | 07/01/22-06/30/27 |
| [ ]  **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. |
| [ ]  **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. | **6.1(A):** List of key partners recruited **6.1.a(A):** Summary analysis of dental office inventory **6.1.a(B):** Number of dental office assessments conducted. **6.1.b(A):** Summary of service gaps and underserved areas **6.1.c(A):** Dental office outreach materials **6.1.c(B):** Number of outreach resources developed**6.1.d(A):** Summary of pilot test proposal **6.1.d(B):** List of primary care offices and CBOs identified **6.1.e(A):** List of providers and CBOs trained and onboarded **6.1.e(B):** Number of providers and systems engaged **6.1.f(A):** List of partnerships and roles developed to support warm hand-off referrals  | 07/01/22-06/30/27 |
| [ ]  **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. | **6.2(A):** List of community of practice members**6.2(B):** Community of practice meeting schedule | 07/01/22-06/30/27 |
| [ ]  **6.3:** Develop a sustainability plan to maintain efforts.  | **6.3(A):** Sustainability plan **6.3.a(A):** Fluoride varnish guidance document | 07/01/22-06/30/27 |
| [ ]  **6.4:** Recruit providers for preventive dentistry mentorship program.   | **6.4(A):** List of providers recruited for preventive dentistry program **6.4.a(A):** Summary of Quality Improvement (QI) trainings or coaching provided**6.4.b(A):** QI Plan**6.4.c(A):** Oral healthcare delivery and care coordination systems success stories**6.4.c(B):** Oral healthcare delivery and care coordination systems success stories dissemination plan **6.4.d(A):** Performance management trainees**6.4.d(B):** Performance management software used**6.4.d(C):** List of performance measures **6.4.e(A):** QI project qualitative case study**6.4.e(B):** QI project storyboard | 07/01/22-06/30/27 |
|  **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. |
| [ ]  **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 identify policy solutions, address workforce issues, and develop plans for sustainability and community engagement.  | **7.1(A):** List of oral health networks workgroup members **7.1.a(A):** List of organizations recruited for expanded oral health network**7.1.a(B):** Numberof organizations, partners, and champions recruited for expanded oral health networks**7.1.b(A):** Oral health network meeting schedule**7.1.b(B):** Oral health network meeting agenda**7.1.b(C):** Oral health network meeting minutes **7.1.c(A):** List of oral health network action plan priorities**7.1.d(A):** Oral health network Communication Plan **7.1.e(A):** List of organizations in oral health network workgroup **7.1.f(A):** Oral health network mission and core values **7.1.g(A):** Oral health network action plan**7.1.h(A):** Opportunities identified to share resources and leverage additional funding **7.1.i(A):** Key insights from community engagement**7.1.j(A):** Oral health network summary in progress report submissions  | 07/01/22-06/30/27 |