



Local Oral Health Program (LOHP) Resource Guide

Moving California Oral Health Forward

2022-2027



Introduction

The **Local Oral Health Program (LOHP) Resource Guide** (*updated 4-1-25*) is full of resource links to share with your Advisory Committee and work groups to help plan, implement and evaluate objectives in the ***Moving California Oral Health Forward 2022-2027 Work Plan***.

The **Resource Guide** was created by the **Office of Oral Health (OOH)** as a guide for LOHPs to achieve the activities in the ***Moving California Oral Health Forward Work Plan*** that align with the strategies of the ***California Oral Health Plan 2018-2028***.

Soon you will be able to search the [California Oral Health Technical Assistance Center \(COHTAC\)](#) by audience, topic, type, and objective for the Work Plan.

- For questions about how to implement work plan activities, please contact: your **Program Consultant (PC)**
- For general questions contact: OOH at dentaldirector@cdph.ca.gov
- For additional resources contact: COHTAC Oralhealthsupport@ucsf.edu

Table of Contents

-  **Objective 1: Needs Assessment, CHIP, and Evaluation Plan**
-  **Objective 2: Community Clinical Linkages, School-based/School-linked and Fluoride**
-  **Objective 3: Kindergarten Oral Health Assessments and Key Partnerships**
-  **Objective 4: Tobacco Cessation and Sugar-Sweetened Beverage Reduction**
-  **Objective 5: Oral Health Literacy and Medical/Dental Integration**
-  **Objective 6: Oral Health Care Delivery System Quality Improvement**
-  **Objective 7: Create and Expand Oral Health Networks**

Objective 1

Needs Assessment, CHIP, and Evaluation Plan

#	Activity	Resources
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.	• <u>Creating and Maintaining Coalitions and Partnerships</u> • <u>A framework for Addressing Social Determinants of Oral Health</u> • <u>ASTDD Learning Modules</u> • <u>Northwest Center for Public Health Practice Modules</u> • <u>Collective Impact</u> • <u>Community Engagement to</u>

		<u>Ownership</u>
1.1. a	Participate in trainings offered via meetings, webinars, workshops, conferences, etc.	• <u>Visit COHTAC to find upcoming and past events: COHTAC Events</u>
1.1. b	Establish or maintain Advisory Committee/Coalition/Partnership/Task Force (AC) and continue to recruit key organizations/members representing diverse stakeholders.	• <u>Increasing participation and membership</u> • <u>Developing an organizational Structure</u> • <u>Encouraging Involvement in Community Work</u> • <u>AACDP A Guide for Developing and Enhancing Community Oral Health Programs</u> • <u>Rural Community Health Toolkit</u>
1.1.c	Convene regular AC meetings with agendas; set schedule of meetings, develop evaluation for meetings.	• <u>A Framework for Program Evaluation</u>
1.1. d	Implement and continue community engagement activities with key stakeholders and organizations to determine understanding and priority of addressing oral	• <u>California Oral Health Plan</u>

	health. Conduct key informant interviews (KI), focus groups, virtual town halls or Knowledge, Attitude and Belief (KAB) surveys.	<u>2018-2028</u> • <u>California Oral Health Plan at a Glance</u> • <u>Status of Oral Health in California: Oral Disease Burden and Prevention 2017</u>
1.1. e	Build or maintain communication methods with local partners and stakeholders.	<u>Consider including community partners that are working upstream to reduce health inequities.</u> • <u>Analyzing Community Problems and Solutions</u> • <u>A Public Health Framework For Reducing Health Inequities</u>
1.1. f	Convene advisory group/task force per schedule. Submit schedule.	• <u>Developing Multisector Task Forces or Action Committees for the Initiative</u>
1.1.g EVAL	Conduct satisfaction survey of AC membership to determine AC progress, recommendations, future direction of the LOHP, and strategies to address challenges.	• <u>Group Facilitation and Problem Solving</u> • <u>Evaluate member satisfaction</u>

Needs Assessment 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.	• OOH Needs Assessment Overview 9/25/2018 • DHCS Dental Reports • Assessing Community Needs and Resources • ASTDD Oral Health Improvement Planning and Needs Assessment • ASTDD Assessing Oral Health Needs ASTDD Seven-Step Model Workbook
1.2. a	Identify staff, consultant, or work group from AC to conduct update of Needs Assessment. * <i>*Newly established LOHPS are responsible for developing a Needs Assessment</i>	• Developing Strategic and Action Plans
1.2. b	Identify service and resource gaps needed to support underserved areas and vulnerable population groups.	• West Virginia Center for Local Health Primary Data Collection Resources
1.2.c	Identify and plan the needs assessment update strategy based on available resources. Develop needs assessment instrument. Include strategies to address service and resource gaps.	• Assessing Oral Health Needs: A Seven-Step Model • ASTDD Oral Health

		Improvement Planning and Needs Assessment • ASTDD Assessing Oral Health Needs ASTDD Seven-Step Model Workbook
1.2. d	Conduct inventory of available primary and secondary data. Determine the need for primary data. Identify resources. Select methods.	• Oral Health Data Resources • Healthy Places Index-Data Resources • Plan the Needs Assessment
1.2. e	Conduct Needs Assessment update. * Collect data. <i>*Newly established LOHPs are responsible for developing a Needs Assessment</i>	• United States Census Bureau • California Department of Education FRPM
1.2. f	Analyze data and prepare summary analysis.	• Santa Clara Needs Assessment
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.	• UCLA Center for Health and Policy Research: Section 1 Asset Mapping
1.3. a	Maintain and update inventory of all the groups (associations, organizations, and institutions) that exist within the jurisdiction's communities. Identify existing groups, organizations, etc. that serve underserved and vulnerable populations in the community.	• Encouraging Involvement in Community Work

1.3. b	Publish the assets/resources/gaps identified.	• Oral health community assessment
CHIP 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. <i>*Newly established LOHPs are responsible for developing a CHIP.</i>	• Developing a Community Health Improvement Plan SF • Choosing Strategies to Promote Community Health and Development • Improving Access to Oral Health Care for Vulnerable and Underserved Populations
1.4. a	Identify a key staff person or consultant to guide the community health improvement plan process. Develop a time frame for the community health improvement plan. Identify objectives and strategies to achieve that objective. Determine which people and sectors of the community should be changed and involved in implementing the strategies.	• CDC Community Planning for Health Assessment: CHA & CHIP • Developing a CHIP: Experiences of Calaveras County Webinar (4/24/2019)
1.4. b	Engage a workgroup to design the Action Plan.	• Developing Facilitation Skills
1.4.c	Identify action steps:	• Community Tool Box:

	○ The action or change ○ Who will carry it out? ○ When will it take place, and for how long? ○ What resources (i.e., money, staff) are needed to carry out the change ○ Communication (who should know what)	Developing an Action Plan
1.4.d EVAL	Identify how the Action Plan addresses the priorities identified in the Community Health Improvement Plan; provide a summary of key strategies to address vulnerable populations and how they will help to achieve local and state oral health objectives. Describe impact objectives and key indicators that will be used to determine progress.	• El Dorado County Oral Health Plan 2018-2022 • Santa Cruz County Community Health Improvement Plan 2018-2023
Evaluation Plan 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. <i>*Newly established LOHPs are responsible for developing an Evaluation Plan.</i>	• Program Evaluation 101 • Evaluation Template for Local Oral Health Programs • Developing an Evaluation Plan
1.5. a	Engage stakeholders in the Evaluation Plan process, including those involved, those affected, and the primary intended users.	• Evaluation FAQs
1.5. b	Update the Program Logic Model* as needed, use as a common reference point for staff, stakeholders, constituents, and CDPH/OOH. <i>*Newly established LOHPs are responsible for developing a Program Logic Model.</i>	• OH Logic Models

1.5.c	Focus the evaluation design based on the Evaluation Plan to include an updated grid and crosswalk of Work Plan objectives.	• Evaluation Resources Guide • Evaluation Plan Template
1.5.d EVAL	Submit update on progress of Evaluation Plan and Work Plan objectives with the status of grid targets.	• Program Evaluation
1.5.e EVAL	If selected, coordinate with CDPH/OOH to conduct Smile survey to determine the status of children's oral health.	• California 2019 3rd Grade Smile Survey • LA Smile Survey 2020
1.6	Complete progress reports bi-annually using the progress report template provided. Detailed instructions will be provided.	• Appendix 14 - Schedule for LOHP Reporting

Objective 2

Community Clinical Linkages, School-Based/School-Linked and Fluoride

#	Activity	Resource
2.1	Conduct planning to support the development of community-clinical linkages and school-based/ school-linked programs.	• School-Based and School-Linked Dental Sealant Program

		• <u>COHTAC school-based sealant resources</u>
2.1. a	Perform a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of your program in preparation for implementing school-based/linked programs. Evaluate program progress and document your readiness and needs for establishing activities focused on creating community-clinical linkages.	• <u>Conducting a SWOT analysis</u>
2.1. b	Based on SWOT analysis findings, begin planning for school- based/linked programs: 1. Identify schools and grades. Plan for gradual expansion and scope of services (if other services are being provided onsite). 2. Select a program model: School-based or linked and the scope of services or a combination of the models. 3. Develop a system to track school dental programs. 4. Identify partners and their roles. 5. Request TA for building partnerships and leverage local resources. 6. Design of an early education and care prevention program (e.g., Tooth Brushing Programs in Pre-K, Oral Health Education) 7. Develop an implementation plan. Include a logic model, incremental 5-year goals and SMART objectives, sustainability, Quality Improvement strategies, and performance measures. 8. Purchase equipment needed.	• <u>SMARTIE Objectives Template</u> • <u>Developing Program Goals and Measurable Objectives</u> • <u>How to Plan for Creating Community-Clinical Linkages Through Implementing School-Based/Linked Programs FAQ</u> • <u>Planning School-Based/Linked Programs and Integrating Dental Referrals Part 2</u> • <u>Planning School-Based/Linked Programs and Integrating Dental Referrals Part 3</u> • <u>Seal America</u>

	9. Document projected costs and plans for billing/ sustainability.	• Steps for Toothbrushing at the Table: Growing Healthy Smiles in ECE Programs
School Dental Program Planning 2.2	Build partnerships: Identify, maintain, and expand partnerships with dental providers and schools to implement, administer, and sustain school dental programs in targeted sites.	• Welcome-Seal America • Fast Facts for Return on Investment of OH Interventions • School-based Dental Sealant Program Training
2.2. a	Recruit schools: Engage local school stakeholders and gain support from schools to implement, administer, and sustain school dental programs in targeted sites.	• Seal America: Gaining Program Support
2.2. b	Connect schools to providers for school dental programs. Facilitate the formalization of partnerships through MOUs and other agreements.	• School Program Resources • Establishing an MOU-Webinar
2.2.c	Assist dental providers by coordinating with schools and obtaining input from school administrator, lead teacher, school nurse, or oral health contact at identified schools to schedule activities.	• School Oral Health Programs
2.2. d	Promote school dental program: Annually update educational materials for teachers, parents, and students. Ensure the materials are culturally competent and use appropriate health literacy level. Materials and campaign require pre-approval from the OOH.	• Smile Humboldt LOHP Commercials • Fluoride Varnish and Silver Diamine Fluoride

2.2. e	Annually facilitate distribution of oral health educational materials including sealant and fluoride to teachers, parents, and students, and send educational information home with consent form (if referral provider will provide services on- site at the school).	• <u>COHTAC: Educational Resources</u> • <u>I Like My Teeth-Website</u> • <u>ADA Patient Education Brochures</u> • <u>AAP: Oral Health Campaign Toolkit</u> • <u>Elmo's Toothy Dance Video</u>
2.2. f	Plan dental program events: Work with providers and schools and develop a schedule for implementing school dental Programs.	
2.2. g	Annually deliver educational sessions to teachers, parents, and students.	• <u>A Head Start Teacher's Guide for Creating Healthy Smiles</u> • <u>Mouth Heroes for Schools</u> • <u>Healthy Smiles for a Lifetime/Sonrisas Saludables para Toda la Vida</u> • <u>The Children's Oral Health Institute: Lessons in a Lunch Box</u> • <u>Mouth Healthy: Smile Smarts</u>

		Dental Health Curriculum • Smile, California: Children's Dental Health Education Package
2.2.h	Facilitate basic dental screenings for students to determine dental status with passive consent.	• ASTDD: Considerations for school nurses return to dental screenings
School Linked 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.	• School-Linked Dental Program: A Guide for Local Oral Health Programs • CDC: Implementing School-Based Sealant Programs • School Oral Health Toolkits • Alameda County School-Based Dental Program Resources
2.3. a	Create a network of dental care providers willing to accept referrals.	• Smile, California
2.3. b	Develop a protocol to implement assessment, counseling, and linkage to providers, as well as care coordination using the 5A's strategies for addressing	• Five Major Steps to Intervention (The "5 A's")

	oral health problems in pre-school and school-aged children.	
2.3.c	Develop referral criteria (e.g., all children needing dental sealants, having urgent or immediate care) and the protocol for linking children to a source of dental care. Ensure that children who already have a dental home are linked to the same provider unless the parent/guardian requests a different provider.	• LA Smiles Example Webinar • COHTAC Webinar: How to Plan for Creating Community-Clinical Linkages through Implementing a Dental Referral Management System (Implementation Grid)
School Based 2.3. d	School-based Program: Evaluate readiness for expanding the school dental program to include preventive services and implement when feasible.	• Seal America: Gaining Program Support • School-Based Dental Sealant Programs • Ohio School-Based Dental Sealant Manual
2.3. e	Implement the activities to expand the program to include preventive services. Facilitate the implementation of a school dental program and ensure the provision of services to children.	• U.S. Preventive Services: Implementation and evidence of school dental programs
2.3. f	Establish performance measures (PM) and track progress in achieving targets. Consider quality improvement strategies. Use performance measures to ensure linkage has been established. Monitor PMs and close the loop with	• HRSA: Quality Improvement

	partners if barriers are identified. Include timelines for performance data review.	
Fluoride 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.	• <u>California Fluoridation Manual</u> • <u>Manual Presentation</u> • <u>Manual Recording</u> • <u>CDC: About Community Water Fluoridation</u> • <u>COHTAC: Water Fluoridation</u> • <u>ASTDD Community Water Fluoridation Recommended Websites</u> • <u>ASTDD webinar slides: Natural Fluoride in Drinking Water</u> • <u>CDC: Fluoridation Learning Online (FLO) Training</u> • <u>i like my teeth: Helpful Information for Water Operators</u>
2.4. a	Share trainings for Regional Water District engineer/operator training on the safety, benefits of fluoridation and the important role water engineers/operators have in preventing dental disease.	• <u>CDC: Water operators and engineers</u> • <u>COHTAC: Community Water</u>

	<i>* This activity is for water systems that are fluoridating or considering fluoridation and is optional in jurisdictions with less than 10,000 water connections.</i>	<u>Fluoridation</u> • <u>i like my teeth: Thank your water utility operator</u>
2.4. b	Conduct a community public awareness campaign on fluoridation and its effectiveness in preventing dental caries. * <i>*Materials and campaign require pre-approval from the OOH.</i>	• <u>CDC Statement on Community Water Fluoridation</u> Go to: https://www.waterboards.ca.gov/ and search," is my water fluoridated" to determine if public water systems in your county are fluoridated. If your community is not fluoridated, refer to the Fluoridation Manual and advocacy messages ilikemyteeth.org
2.4.c	Create LHJ specific webpage on fluoridation and its effectiveness in preventing dental caries.	If your community is fluoridated; re-enforce the benefits of fluoridation by embedding fluoridation messages along with oral health messages. For example, in public service announcements and social media campaigns. Refer to <u>COHTAC on Fluoride</u> for sample messages created by LOHPs • <u>Oral Health Equity Begins With</u>

		Fluoridation • Strengthen Your Body One Glass at Time • Common Questions about Fluoride
2.4.d EVAL	Identify process and qualitative indicators for school-based or school linked programs and determine if progress on evaluation objectives/indicators.	• NNLM: Developing Evaluation Indicators
2.4.e EVAL	Identify Success Stories and document them in an engaging format such as a photovoice to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.	• Impact and value: telling your program's story

Objective 3

Kindergarten Oral Health Assessments and Key Partnerships

#	Activity	Resource
3.1	Assess the number of schools currently not reporting Kindergarten Oral Health Assessments (KOHA) to the System for California Oral Health Reporting (SCOHR).	• Kindergarten Oral Health Assessment

		• Welcome to SCOHR • Overview of the Oral Health Reporting System Training • SCOHR: (866) 762-9170 or email at scohr@sjcoe.net
3.1. a	Identify current processes of participating schools and identify best practices.	• Connecting with School Nurses
3.1. b	Identify target schools for intervention.	• Oral Health Assessment District Reporting
3.1.c	Recruit and enroll champions. Support onboarding and training of champions. Champions such as school nurses, PTA, school site council, school registrar, etc. Ask a key person from a successful school to make a presentation to other schools in their district or at a district in-service.	• Oral Health Screening Pocket Guide for School Nurses • School Nurses Key to Good Oral Health during COVID-19 • RDHAP Connect Member Listing
3.1.d (3.1.e does not exist)	Provide or adapt tools and training to make presentations and write letters for educating school board members to include KOHA activities in the Local Control funding formula and the Local Control Accountability Plan.	• COHTAC KOHA Webpage • Oral Health and School Readiness
3.1. f	Provide guidance for implementation KOHA participation and reporting.	• Raising Local Oral Health Awareness to Engage your Community and Promote

		KOHA • Engaging Your Local News Media: Strategies to Seek Media Coverage About Oral Health and KOHA • Successful Media Interviews: What to Do Before, During and After a Reporter Interviews You • Kicker Phrases to Raise Awareness about Oral Health • ASTDD Basic Screening Survey (BSS) Toolkit
3.1. g	Conduct meetings of key partners, mobilize the community, and set targets.	• Community Action Guide
3.1.h EVAL	Identify successful strategies to increase the number of Kindergarten Oral Health Assessments, barriers, and challenges to progress. Identify if any new policies were developed because of efforts. Communicate results of efforts to partners. Develop a quality improvement project.	• San Francisco's KOHA: 2000-2022 (ucsf.edu) • PowerPoint Presentation (ucsf.edu)
3.1.i EVAL	Identify Success Stories and document them in an engaging format such as a photovoice to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.	• Impact and value: telling your program's story

Key Partners 3.2	Develop and implement a plan to identify and recruit Key Partners that work with underserved populations: County First 5 Commission, County Office of Education, local Child Health and Disability Prevention, Women, Infants, and Children, Early Head Start/Head Start, Maternal, Child and Adolescent Health, Black Infant Health, schools, community- based organizations (CBOs) and Home Visiting (HV) programs <i>*If the LHJ is funded by CDPH's California Home Visiting Program, participate in the Home Visiting Community Advisory Board Meetings</i>	• <u>Handbook on Planning, Evaluating, and Improving Collaboration for Oral Health Programs</u>
3.2. a	Identify the role of partners – outreach, education, assessment, linkage, case management, delivery of services and follow up.	• <u>Community Engagement and Partnership Development Through Designing a Care Coordination Program</u>
3.2. b	Convene meetings of Key Partners and discuss prevention and access to care issues.	• <u>Overview of Tactics for Modifying Access, Barriers, and Opportunities</u> • <u>Oral Health in Rural Communities</u>
3.2.c	Identify facilitators and barriers to care, and gaps.	• <u>Communities that Care</u>
3.2. d	Determine the activities for addressing barriers to care.	• <u>Implement change</u>
3.2. e	Develop and implement tailored trainings for Key	• <u>Early Childhood Learning and</u>

	Partners on how to integrate oral health in their respective settings through oral health education, assessment, counseling, and linkage to care in the community (referral, and follow-up for oral health care).	Knowledge Center (ECLKC) • CDC: Oral Health Tips for Children
3.2. f	Develop guidance to assist key partner programs to incorporate oral health messages, education, referrals, toolkits, etc.	• First 5 CA Oral Health • Smile California
3.2.g EVAL	Conduct follow-up to determine how many key partners and HV offices have implemented an oral health component.	• Example of a follow up survey using Survey Monkey
3.2.h EVAL	Conduct follow-up survey with select families receiving home visitation services to determine the effectiveness of the implementation.	• Conducting Surveys
3.2.i EVAL	Develop sustainability plan or recommendations for revisions to improve the program.	• Sustainability Plan Template 3-17-22
3.2.j EVAL	Identify Success Stories and document them in an engaging format such as a photovoice to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.	• Impact and value: telling your program's story

Objective 4

Tobacco Cessation and Sugar-Sweetened Beverage Reduction

#	Activity	Resource
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Tobacco 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. <i>*Collaborate with Tobacco Control and NEOP to use existing surveys when possible or develop new surveys.</i>	• Dental Professional Tobacco Survey (pdf) • Conducting Surveys
4.1. a	Provide protocols for dental care providers to assess and document risk factors for oral and pharyngeal cancers and conduct and document assessments. Provide referral resources for follow-up to primary care.	• Risk Factors for Oral Cavity and Oropharyngeal Cancers
4.1. b	Coordinate participation in tobacco cessation trainings facilitated by State Training and Technical Assistance consultants.	• Webinar • CDPH: Tobacco Control Program
4.1.c	Provide dental offices with State Training and Technical Assistance tobacco cessation toolkits.	• Tobacco Cessation Toolkit
4.1. d	Leverage existing health campaigns (ex: oral cancer awareness week, Great American Smokeout) to create awareness of tobacco and oral disease.	• Great American Smokeout • CDC Tobacco Use • Oral Cancer NIDCR • Oral and Pharyngeal Cancer
4.1.e EVAL	Conduct follow-up to determine how many dental offices implemented tobacco cessation counseling or activities.	• Example of a follow up survey using Survey Monkey
SSBs 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	• CDPH Rethink Your Drink Resources

	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	Develop or use existing training materials, if available, to deliver an educational session or training for dental offices/school-based programs modeled after the When Sugar Is Not So Sweet technique to help reduce sugary drink consumption.	• <u>When Sugar is Not So Sweet</u> • <u>Share the Water, Share the Love Video</u> • <u>Sacramento County: Sugar-Sweetened Beverage Guidance for Dental Professionals California Oral Health Technical Assistance Center (ucsf.edu)</u>
4.2. b	Deliver trainings/ webinars on healthy beverages to school stakeholders (parents/teachers, health educators, school nurses, daycare/childcare providers). <i>*May be combined or delivered at KOHA events or during other activities with the same audience.</i>	• <u>CDC Rethink Your Drink</u> • <u>CalFresh: Rethink Your Drink</u>
4.2.c	Partner with community health workers (CHWs), FQHCs, and health educators to develop guidelines to integrate oral health into chronic disease prevention and control activities.	• <u>Opportunities for Improving Oral Health and Chronic Disease ASTDD</u> • <u>CDC: Community Health Worker (CHW) Resources</u>

		• <u>CA Association of Community Health Workers</u> • <u>Community Health Workers, Promotores, and Representatives (CHW/P/Rs)</u>
4.2. d	Post sugar-sweetened beverage reduction information and materials onto LOHP website.	• <u>Encouraging Your Child to Drink Water</u> • <u>Rethink Your Drink California Oral Health Technical Assistance Center (ucsf.edu)</u>
4.2. e	Conduct follow-up to determine how many dental offices implemented sugar sweetened beverage reduction activities.	• <u>Example of a follow up survey using Survey Monkey</u>
4.2.f EVAL	Identify Success Stories and document them in an engaging format such as a photovoice to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.	• <u>Impact and value: telling your program's story</u>

Objective 5

Oral Health Literacy and Medical/Dental Integration

#	Activity	Resource
OH Literacy 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.	• Oral Health Literacy Toolkit • Brush Book Bed Implementation Guide • How to Structure Your Child's Nightly Routine
5.1. a	Conduct follow-up with providers and school administrators to determine effectiveness of training, impact of BBB or other evidence-based campaign. Identify success, challenges, and recommendations.	• Example of a follow up survey using Survey Monkey
5.2	Identify a champion to coordinate oral health literacy activities with partners: e.g., key partner, stakeholder, health educator, provider, etc.	• Be an Oral Health Champion • Be an Oral Health Champion Poster
5.2. a	Develop action plan to support and sustain an oral health literate workforce.	• Community Tool Box: Developing an Action

		Plan • Developing Strategic and Action Plans
5.2.b EVAL	Conduct follow-up to determine how many dental offices have implemented an oral health literacy component.	• Example of a follow up survey using Survey Monkey
5.3	Adapt and implement trainings tailored to dental offices, primary care offices, and CBOs on how to integrate oral health literacy in their respective settings.	• Medical and Dental Integration • OHRC: Preventive Dental Visits Infographic
5.3. a	Partner with community organizations on oral health care literacy campaign for persons with disabilities and foster youth. Adapt existing materials and toolkits when possible.	• Developmental Disabilities and Oral Health

Objective 6

Oral Health Care Delivery System Quality Improvement

#	Activity	Resource
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.	• Linkages to Care Delivery
6.1. a	Conduct a survey of dental offices inventorying insurance type accepted and populations served. <i>*Survey questions for this activity may be integrated into other Work Plan activities for provider outreach and surveys.</i>	• Conducting Surveys
6.1. b	Identify unserved areas in the jurisdiction based on survey results.	• Conducting concerns survey
6.1.c	Analyze survey results to develop or adapt outreach materials indicating names, locations, and populations served at each dental office.	• Collecting and Analyzing Data
6.1. d	Configure electronic referral system based on analysis and develop pilot test with 1-2 primary care offices or community-based organizations (CBOs).	• Lunch and Learn: How to Plan for Creating Community-Clinical Linkages through Implementing a Dental Referral Management System

6.1. e	Introduce electronic referral system to primary care offices and CBOs.	• Los Angeles Dental Registry & Referral System Example
6.1. f	Partner primary care offices and CBOs with dental offices to facilitate the standardization of warm-handoff referrals.	• AHRQ Implementation Quick Start Guide-Warm Handoff
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.	• NNPHI: Communities of Practice Guidebook
6.3	Develop a sustainability plan to maintain efforts.	• Oral Health and Primary Care Integration • Sustainability Plan Template 3.18.22 0.docx (live.com)
6.3. a	Develop or adapt an approved guidance for the application of fluoride varnishes by primary care providers, nurse practitioners, and medical assistants.	• DHCS Example of Fluoride Varnish Policy Letter • Oral Health: An Essential Component of Primary Care
6.4	Recruit providers for preventive dentistry mentorship program.	• UCSF School of Dentistry Mentorship Program
6.4. a	Provide quality improvement (QI) coaching or trainings to primary care offices and CBOs to improve services provided to underserved areas and/or vulnerable populations by integrating	• CMS: Quality Improvement • COHTAC: Quality Improvement

	follow- up services, chronic disease screenings, culturally and linguistically appropriate services (CLAS) standards, transportation services and “warm-handoff referrals” into their workflow.	• CLAS • HHS: Cultural Competence
6.4. b	Develop QI plan in partnership with Community of Practice.	• QI Template
6.4.c EVAL	Identify Success Stories and document them in an engaging format such as a photovoice to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.	• Impact and value: telling your program's story
6.4.d EVAL	Develop and implement a performance management system to support quality improvement.	• Performance Management Toolkit for State Oral Health Programs
6.4.e EVAL	Conduct quality improvement projects in partnership with Community of Practice.	• CDC Community of Practice

Objective 7

Create and Expand Oral Health Networks

#	Activity	Resources
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 to identify policy solutions, address workforce issues, and develop plans for sustainability and community engagement.	• Networks for Oral Health Integration • ASTDD: Collaboration, Improvement, Planning and Evaluation
7.1. a	Identify and recruit key groups/organizations and non- traditional partners to participate in the expanded network to develop strategies to improve oral health.	• Oral Health in Rural Communities – Models and Innovations • Upward Mobility Framework • Upward Mobility Planning Guide • Upward Mobility Data Dashboard
7.1. b	Establish a regular meeting schedule.	• Making Personal Contact with Potential Participants

7.1.c	Select priority issues identified in the Community Action plan to start the process of addressing issues or problems.	• <u>ASTDD Oral Health Improvement Planning and Needs Assessment</u> • <u>ASTDD Action Plan Template</u>
7.1. d	Develop communication plan to identify key messages to communicate priorities and strategies to achieve improved oral health for underserved and vulnerable populations.	• <u>Communication Plan</u> • <u>LOHP Communications Plan Development</u> • <u>LOHP Communications Plan 2022</u>
7.1. e	Discuss the structure of the workgroup and determine if the workgroup needs to be broadened to address priorities. Recruit additional members as needed.	• <u>Developing a plan for increasing participation in community action</u>
7.1. f	Create a common vision and agree on shared values.	• <u>Proclaiming Your Dream: Developing Vision and Mission Statements</u>
7.1. g	Develop an action plan to support oral health improvements; identify short, medium, long-term objectives.	• <u>Community Tool Box: Developing an Action Plan</u> • <u>Developing Strategic and Action Plans</u>

7.1.h	Identify opportunities to share resources and leverage matching dollars or new funding sources for prevention activities to improve oral health for underserved and vulnerable populations.	• recorded session of the PDM
7.1.i EVAL	Conduct focus groups, key informant interviews, and surveys with members of underserved communities, vulnerable populations community partners to inform communication messaging and action plan priorities.	• Conducting key informant interviews
7.1.j EVAL	Identify the number of priorities that were addressed, success, challenges, lessons learned, and recommendations for improvement in an evaluation report.	Have a Quality Improvement (QI) frame of mind to create a dynamic process for assessing the successes and challenges and to adjust the Action Plan or partners as needed. An example of QI is: Plan-Do-Study-Act (PDSA) Directions and Examples from the Institute of Healthcare Improvement. • LOHP QI Plan Template 3.17.22.docx (live.com)