
FRESNO COUNTY ORAL HEALTH IMPROVEMENT PLAN 2020-2022

Prepared by

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<https://www.fresnostate.edu/chhs/cvhpi/>

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Summary

This report presents key findings from Fresno County’s oral health needs assessment as well as a health improvement plan outlining programmatic goals, objectives, and strategies to promote oral health equity. A collaborative process that involved community members, local community-based organizations, and other stakeholders was implemented to identify strategies needed to address the oral health needs in Fresno County. The oral health needs assessment (OHNA) process started in January 2019 and was one component of a broader effort to understand the general health needs of Fresno County residents, the Community Health Needs Assessment 2020. Fresno County Department of Public Health (FCDPH) used funding from the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, also known as Proposition 56, to implement the assessment and health improvement plan.¹ The FCDPH collaborated with Fresno Community Health Improvement Partnerships (FCHIP) and Fresno Metro Ministry (FMM) to connect partners and to collect primary data. The Central Valley Health Policy Institute (CVHPI) developed the methodology for data collection, analysis, and the presentation of reports.

The findings from the OHNA illustrated needs, data gaps, and current programs in Fresno County. This information assisted the Oral Health Advisory Committee (OHAC) members to determine goals and objectives for the Local Oral Health Plan (LOHP) 2020-2022. The decision-making process was guided by the priorities identified in the OHNA as well as the current availability of resources, assets, and infrastructure in the county to achieve each goal. To ensure that local program activities were aligned with the state’s broad plan, the California State Oral Health Plan 2018-2028 was used to guide the OHAC in the development of local program goals, objectives, and strategies.

LOHP Vision: *Healthy mouths for all individuals living in Fresno County.*

LOHP Mission: *To improve the oral health status of Fresno County residents throughout the lifespan by facilitating oral health education and access to equitable and quality oral health care.*

Local Oral Health Program (LOHP) Goals

- Goal 1. To build community capacity and engage stakeholders through community partnerships to integrate oral health services into their respective system.
- Goal 2. To improve access to oral health care through preventive, restorative, and educational services for school students K-6.
- Goal 3. To improve oral health outcomes for school students K-6 served by the program.
- Goal 4. To improve access to oral health care services for pregnant women.
- Goal 5. To improve the oral health literacy among Fresno County residents.

Oral Health Priorities for Future Action

The five goals outlined above directly address Fresno County needs and align with the state's oral health plan. However, in assessing primary data collected from community members and secondary data, Fresno County has oral health needs beyond the five goals outlined in this health improvement plan. Due to insufficient funding, limited resources, and the vast amount of oral health-related inequities in Fresno County, the LOHP could not address all priority areas identified in the OHNA. Below are the unaddressed needs which were prioritized and ranked for future actions beyond 2022, as planned and guided by the OHAC members. The list is arranged from highest to least priority.

1. Shortage of dental providers that treat children with special needs
2. High cost of dental care
3. Lack of current local data on the extent of oral diseases
4. Poor quality of services provided through Medi-Cal Dental
4. Shortage of dental providers that accept Medi-Cal Dental patients
5. Lack of community water fluoridation

6. Prevalence of current smokers in the county with existing racial disparity (10%)
7. Prevalence of diabetes in the County (10%)
8. More of the low-income population self-reported consuming sweetened beverages than those with higher income
9. Existing disparity in self-reported prevalence of oral diseases at the census tract level

Introduction

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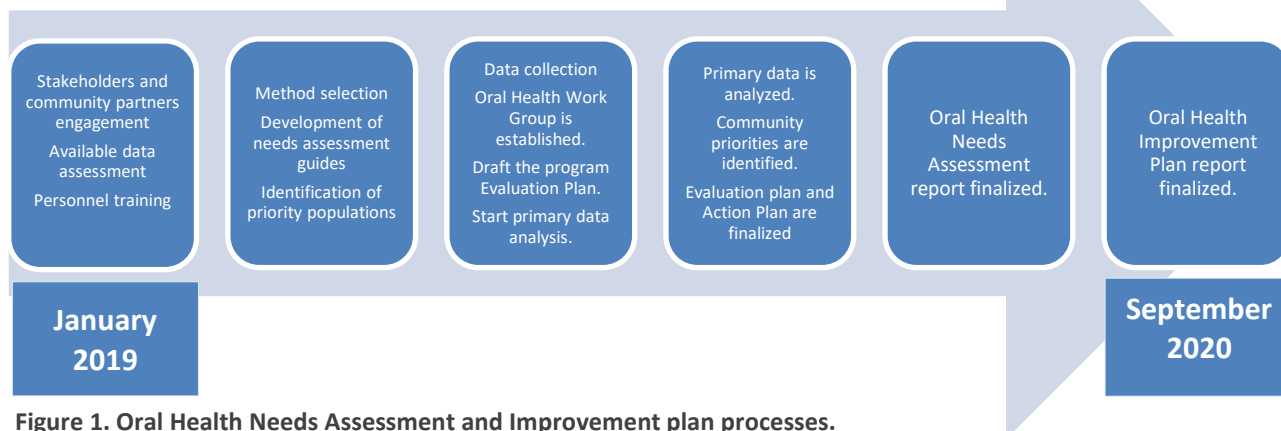


Figure 1. Oral Health Needs Assessment and Improvement plan processes.

Oral Health Needs Assessment Overview

The purpose of the oral health needs assessment was to conduct a countywide assessment by analyzing newly acquired and publicly available data to illuminate community needs, disparities, gaps, current assets, and to produce recommendations for areas of programmatic action. The process included establishing community member partnerships by leveraging existing partnerships with community-based organizations as well as reaching out to new partner organizations affiliated with the community. Partner organizations provided valuable connections with community members for primary data collection via focus groups and surveys. Publicly available secondary data were assessed to identify gaps in data, inform primary data collection, and identification of assets and resources. The Seven-Step Model for Dental Needs Assessment, created by the Association of State and Territorial Dental Directors (ASTDD) was followed throughout the planning and the conduction of the needs assessment.² In the next section, we present key findings from the oral health needs assessment.

Oral Health Needs Assessment Key Findings

Priority Needs Identified from Secondary Data

- Lack of local and current data that indicates the oral health status and extent of oral diseases among residents that is reported by oral health professionals.
- Place-based disparities exist at the census tract level in adults' self-reported oral health outcomes and utilization of dental services.
- Overall, there is a shortage of dental providers and there are less providers who serve the Medi-Cal Dental population.
- Lack of water fluoridation throughout Fresno County.
- Diabetes is associated with an increased risk for developing oral health diseases compared to those who do not have the condition and the diabetes prevalence among adults is 10% in Fresno County.
- Ten percent of Fresno County residents reported they are currently smokers, which put them at a greater risk to develop oral diseases compared to non-smokers. There is an

existing racial/ethnic disparity with higher percentage of smokers among the Alaskan Native/American Indian (32%) and African American (17%) populations.

- Individuals with low-income reported consuming more sweetened beverages than individuals with high-income did.
- In 2006, 40% of Fresno County kindergarten and third grade students had untreated tooth decay.
- In 2015-2016, only 28% of pregnant women in Fresno county who rely on Medi-Cal accessed dental care services during pregnancy compared to 52% who were privately insured.
- Among Medi-Cal Dental beneficiaries, children are more likely to utilize dental services than adults.

Priority Needs Identified from Primary Data

- Improve the quality of dental services offered by the Medi-Cal Dental program with respect to the amount of services covered and provider-patient communication.
- Establish publicly funded programs for adults that are similar to the successful oral health programs provided to children.
- Lower the high cost of dental services for patients and reduce the overhead expenses on providers.
- Increase the availability of dental providers as well as specialized dentists for children with special needs.
- Increase knowledge and awareness of available dental services by offering educational materials in multiple languages.
- Increase collaboration between entities and organizations to facilitate access to oral health care for residents.
- Increase integration between dental and medical systems and increase collaboration between dental and medical health professionals.
- Improve patients' oral health behavior and promote the value of oral health care.

- Leverage on existing successful programs for children by expanding, replicating, and sustaining effective efforts.

Community Assets as identified in the OHNA

The OHNA helped identifying the community assets related to oral health that Fresno County can leverage. Those assets were identified as follows:

Dental Transformation Initiative (DTI)

In 2017, Fresno County was one of the awarded counties in California to implement the Local Dental Pilot Project (LDPP) through the Dental Transformation Initiative (DTI), led by the California Department of Health Care Services. FCDPH subcontracted with two community-based organizations, Fresno Economic Opportunities Commission (EOC) and Reading and Beyond (RAB), to implement and achieve the initiative goals. The Fresno County pilot project focused on two main goals: to increase the number of enrolled dental providers in the Medi-Cal Dental Program, and to facilitate access of Medi-Cal Dental eligible children 0-20 years old to dental services through case management, care coordination, and oral health education.

The implementation of the LDPP in Fresno County has helped to build the capacity of the implementer organizations and their partners to better serve their communities regarding oral health. Each implementer organization had a Dental Project Coordinator who oversaw and managed the whole process. The program initiated the integration of oral health into the organizations' respective systems. A crew of 32 oral health educators was created to offer dental case management for families that have children 0-20 years old and are Medi-Cal Dental beneficiaries. The oral health educator team is culturally and linguistically diverse to enable serving the families according to their preferred languages.

The implementer organizations also hired a team of four Provider Relation Representatives that recruited dental providers in Fresno County to enroll in the Medi-Cal Dental program and supported existing enrolled providers to treat more children beneficiaries. The program efforts were successful in increasing the number of enrolled dental providers that accept new patients from 147 dentists in 2016 to 180 in 2020.

Since the inception of the DTI, the program has served 12,000 families and 21,000 children. As of October 2020, 7,000 families and 13,000 children were currently active clients.¹ The program's case managing efforts successfully decreased the patients' no-show rate to 25% among their served families.

Oral Health Advisory Committee (OHAC)

Since the inception of the LDPP, FCDPH has engaged stakeholders and established a well-diversified community partnership. The LDPP first formed a stakeholder group in August 2017, which then transitioned to become the Oral Health Advisory Committee (OHAC) in September 2018. The OHAC members included oral health stakeholders for the LDPP and the Local Oral Health Program (LOHP). The current goal of the committee is to connect and convene stakeholders to prioritize oral health needs in Fresno County. The OHAC will continue to meet regularly to oversee the implementation of the program and to provide input on areas that may need improvement. The vision and mission of the Advisory Committee are as follows:

OHAC Vision: *“Working together to achieve optimal oral health”*

OHAC Mission: *“To engage diverse community partners to share their expertise and recommendations, to leverage existing oral health programs, and to advocate for equitable reforms aiming to improve oral health for all residents in Fresno County”*

Oral Health Work Group (OHW)

In May 2019, the OHAC members were invited to participate in the initiated Oral Health Workgroup (OHW). The role of this workgroup was to provide input and expertise throughout the development of the LOHP evaluation plan and to continue overseeing the program implementation. The OHW provided feedback on the evaluation plan, logic model, vision, mission, and values of the LOHP. The workgroup provided an experienced input to select priorities for action as goals for the LOHP 2020-2022 and for future goals beyond 2022.

¹ The inactive clients were in the program but they either aged out or no longer need services.

Oral Health Infrastructure/Dental Safety Net

In the county, there are several entities and organizations that support the residents who face barriers to accessing oral health care such as economic, geographic, cultural, and language barriers, among others. Below are some of those structures:

- Fresno County has 13 School Based Health Centers (SBHCs) where three centers provide preventive dental services and one of those provides dental treatment services. In addition, there are two mobile vans: one of them offers only preventive and the other one offers both preventive and treatment services.
- Fresno City College offers several allied health programs, including the Dental Hygiene program, that serve as safety-net resources in the county. The college has a dental hygiene clinic that provides affordable dental hygiene services for patients, performed by students under the supervision of registered dental hygiene faculty and a licensed dentist.
- The University of California San Francisco, Fresno offers a four-year Oral-Maxillofacial residency program in which Faculty and Residents treat a large volume of patients that need a broad scope of surgical procedures related to the mouth, head, and neck.
- In Fresno County, there are 22 Federally Qualified Health Centers (FQHCs), which provide dental services.
- The two organizations that are implementing the LDPP in the county, Fresno EOC and RAB, have gained capacity to add oral health related services into their respective settings. They also engaged many of their partners such as the Women, Infants, and Children (WIC) and Head Starts by incorporating oral health education at some of their sites.

Oral Health Improvement Plan and Local Oral Health Program Development Processes

The findings from the OHNA illustrated needs, data gaps, and current programs in Fresno County. This information assisted the OHAC members to determine goals and objectives for the LOHP 2020-2022. The decision-making process was guided by the priorities identified in the OHNA as well as the current availability of resources, assets, and infrastructure in the county to achieve each goal. To ensure that local program activities were aligned with the state’s broad plan, the California State Oral Health Plan 2018-2028 ³ was used to guide the OHAC in the development of local program goals, objectives, and strategies, as shown in Appendix B, Table 1B.

Vision

*HEALTHY MOUTHS FOR ALL INDIVIDUALS
LIVING IN FRESNO COUNTY.*

Mission

*TO IMPROVE THE ORAL HEALTH STATUS OF FRESNO
COUNTY RESIDENTS THROUGHOUT THE LIFESPAN BY
FACILITATING ORAL HEALTH EDUCATION AND
ACCESS TO EQUITABLE AND QUALITY ORAL HEALTH
CARE.*

Oral Health Program Goals, Objectives, and Action Plan

Tables 1-5 below show the five program goals. Within each goal we list the objectives and related action plan to be implemented by June 2022. Please refer to Appendix C for the program Logic Model.

Table 1. Goal 1. To build community capacity and engage stakeholders through partnerships to integrate oral health services into their respective system.

Objective 1.1. By June 30, 2022, the number of elementary schools participating and reporting in the Kindergarten Oral Health Assessment Program will increase by five.

Objective 1.2. By June 30, 2022, the number of organizations and entities that will participate in the LOHP activities will increase by five.

Objective 1.3. By June 30, 2020, there will be an established Oral Health Coalition in Fresno County with identified vision, mission and goals.

Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/Suggestions	Performance Measures
#1. Engage elementary schools to participate in the Kindergarten Oral Health Assessment Program.	1) Assess number of schools not reporting to SCOHR and identify target schools for intervention 2) Recruit champions. 3) Provide tools, training, and technical assistance for champions to make presentations and write letters to guide school	Local Oral Health Program Staff (LOHP Staff), Fresno Metro Ministry (FMM) Central Valley Health Policy	School Staff Fresno Economic Opportunities Commission (EOC) School Districts Potential partners: <i>FCHIP</i>	<ul style="list-style-type: none"> • Time consuming to report to the SCOHR system that may require a delegated staff to take on the task. • Reporting is required but not enforced. Suggestions: <ul style="list-style-type: none"> • The Local Control Funding Formula gives schools the flexibility to spend money on school priorities. Student engagement and 	<ul style="list-style-type: none"> • Number of existing schools not reporting to SCOHR. • Documentation of correspondence with schools • Guidance documents for implementation distributed to schools and champions. • Summary in progress reports of successes, challenges, lessons learned, new or revised policies and

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Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/Suggestions	Performance Measures
	<p>board members to pass supporting resolutions.</p> <p>4) Follow up with stakeholders and champions to identify successful strategies to increase the number of Kindergarten Assessments.</p> <p>5) Identify barriers and challenges to progress.</p> <p>6) Identify if any new policies were developed because of effort.</p>	Institute (CVHPI)	<p><i>Cradle to Career</i></p> <p><i>Home Visitation programs</i></p> <p><i>DPH Public Health Nursing</i></p>	<p>chronic absenteeism are listed as one of the state's eight priorities where oral health is positioned to enable students to be healthier and ready to learn. This aims to give the district more flexibility for how to spend its money to improve local schools. This resource can be used towards reporting to SCOHR activities.</p>	<p>recommendations are provided.</p> <ul style="list-style-type: none"> ●Number of additional schools reporting to SCOHR ●Success Stories are identified (qualitative case study) and dissemination plan.

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Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/Suggestions	Performance Measures
	7) Share success stories with local programs, policymakers, stakeholders, and the public to help sustain program efforts.				
#2. Engage more organizations and entities to participate in the LOHP.	1) Identify target organizations and entities that would participate in the LOHP. 2) Recruit champions. 3) Provide technical assistance to champions.	LOHP staff	OHAC members	<ul style="list-style-type: none"> When the DTI/LDPP ends in 12/2020, the involved organizations will no longer be funded and keeping them involved will be challenging. Suggestions: <ul style="list-style-type: none"> Mini Grants to implement some of the LOHP activities can be provided to ensure the sustainability of their current involvement. 	<ul style="list-style-type: none"> List of additional organizations and champions.

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Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/Suggestions	Performance Measures
#3. Establish Oral Health Coalition (OHC) in Fresno County with identified vision, mission and goals.	1) Recruit additional key organizations/members representing diverse stakeholders to join the OHC. 2) Share schedule of meetings, history of group, LOHP objectives and values, expectations, and benefits of becoming an OHC member. 3) Send frequent satisfaction surveys for member evaluation of OHC progress, recommendations and future direction of the LOHP and strategies to address challenges.	LOHP staff CVHPI	OHAC members	<ul style="list-style-type: none"> Existing competing priorities 	<ul style="list-style-type: none"> List of current Oral Health Advisory Committee members and the sectors they represent. List of additional members and sectors they are representing Meeting agendas, schedule of meetings, and number of meetings. Analysis of the satisfaction survey which include quantitative measures to assess network density or involvement

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Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/Suggestions	Performance Measures
	4) Identify vision, mission, and structure of the Coalition.				and recommendations for improvement.

**If resources are available, Fresno County Department of Public Health will be working towards achieving this activity/measure.*

Table 2: Goal 2. To improve access to oral health care through preventive, restorative, and educational services for school students in grades K-6.

Objective 2.1 By June 30, 2022, at least three elementary schools that serve low-income families within any school district in Fresno County will participate in the school-based sealant program.

Objective 2.2. By June 30, 2022, the proportion of children who receive preventive dental service by the SBSP will increase annually by at least 5%.

Objective 2.3. By June 30, 2022, the number of parents/caregivers of children who receive indirect oral health education will increase annually by 5%.

Objective 2.4. By June 30, 2022, at least 10% of children will receive direct oral health education.

Objective 2.5. By June 30, 2022, the proportion of children served by the program who have established dental homes will increase by 3%.

Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
#1. Annually conduct dental screening events with schools' staff support and parental permission.	1) Obtain input from school administrator, lead teacher, school nurse or oral health contact at identified schools to schedule activities. 2) Develop surveys to parents to assess the number of days missed from school and emergency department visits due to non-traumatic dental conditions. Surveys will be sent with the consent forms. 3) Annually send a package to parents that include consent forms to provide services on-site at the school, parents' survey, and sealant and varnish educational materials to	LOHP staff Fresno Economic Opportunity Commission (EOC) CVHPI	School staff OHAC	<ul style="list-style-type: none"> ● Aligning institutional bureaucracy. I.e. the slow process to obtain needed official agreements in a timely manner. ● Obtaining the signed consent forms from parents back on time. ● Consents need to be active forms as passive consent forms may cause risk to the providers' liability. ● Parents may be overwhelmed with so many consents and surveys to read and to respond. ● Parents may not respond to the survey accurately due 	<ul style="list-style-type: none"> ● Written summary of input from each person contacted and schedule of planned activities. ● Sealant educational materials. ● List of participating schools, the number of children to be served at each school site, grade level for each child. ● Schedule of activities. ● Documentation of correspondence with schools. ● List of participating classrooms. ● Number of distributed consent forms, surveys,

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Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
	teachers, parents, and students at participating schools. 4) Follow up with teachers to ensure packages were sent home. 5) Schedule time at school site to conduct basic dental screening for children who submitted signed consent forms. 6) Identify children K-6 that need to receive dental sealants and/or fluoride, and referral.	LOHP staff Fresno Economic Opportunity Commission (EOC) CVHPI	School staff OHAC	to low literacy, time restraints, and/or lack of trust to share information that could be embarrassing due to dental shaming. Suggestions: <ul style="list-style-type: none"> ● Locate external funding sources for support. ● Establish the trust with schools and parents especially during the first year of the program. ● Leverage on DTI existing network, partnership, data, and trust to have MOUs signed by the schools. 	flyers to promote events, notices, copies of signed forms, and summary of survey results. <ul style="list-style-type: none"> ● Number of students to receive sealants and/or fluoride varnish, and the number of sealants per child.

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Objective 2.1 By June 30, 2022, at least three elementary schools that serve low-income families within any school district in Fresno County will participate in the school-based sealant program.

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Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
				<ul style="list-style-type: none"> ● Learn from other counties experience. ● Design the consent form in a way that is easy for parents to follow, language appropriate, and provide only one box to check for all potential services i.e. screening, sealant and varnish. ● Ensure the survey and all materials are tested for literacy level and readability. 	
#2. Annually conduct sealant placement	1) Facilitate dental sealant placement by a dentist, RDHAP or RDH at provider site, or will place sealants on a minimum of	Fresno EOC	School Staff		<ul style="list-style-type: none"> ● Number of students that received sealants at each school site, and number of sealants provided.

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Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
event in collaboration with teachers, site personnel, and volunteers.	5% of targeted children, with signed parental consent form, at a coordinated sealant event with teachers, site personnel, and volunteers. 2) Annually, complete sealant retention checks on a minimum of 10% of the children who received sealants during the school year.		OHAC LOHP Staff		<ul style="list-style-type: none"> • Number of children who received retention checks and number of intact sealants. • List of scheduled events.
#3. Annually conduct fluoride varnish event in collaboration with teachers, site personnel,	1) Apply fluoride varnish on children with signed consent forms and provide referral for fluoride varnishes, if needed.	Fresno EOC	School Staff OHAC LOHP Staff		<ul style="list-style-type: none"> • Number of students who received fluoride varnish. • List of scheduled events.

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Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
and volunteers.					
#4. Facilitate establishing dental homes for children and families.	1) Refer children, especially those who have untreated tooth decay, and families to the Fresno County Free Medi-Cal Dental Services program to establish a dental home.	Fresno EOC	Reading and Beyond (RAB) OHAC LOHP Staff	<ul style="list-style-type: none"> After the DTI fund ends, the EOC and RAB case management support will end as well. Suggestions: <ul style="list-style-type: none"> Locate external funding sources for support. 	<ul style="list-style-type: none"> Number of students with untreated tooth decay Number of referred students.
#5. Improve teachers, parents/caregivers, and students' oral health literacy.	1) Annually, identify students in grades K-6 that will receive at least one instructional visit on oral health, lasting at least 20 minutes, using appropriate scope and sequence principles. Topics will include: <ul style="list-style-type: none"> Brushing and flossing. 	Fresno EOC	School Staff LOHP Staff OHAC	<ul style="list-style-type: none"> Assessment of health literacy improvement is challenging Difficulty to get parent, student, and teachers' buy in, especially because it 	<ul style="list-style-type: none"> List of schools identified to participate and the number of children receiving education. List of materials provided, activity sheets, training

Table 2: Goal 2. To improve access to oral health care through preventive, restorative, and educational services for school students in grades K-6.

Objective 2.1 By June 30, 2022, at least three elementary schools that serve low-income families within any school district in Fresno County will participate in the school-based sealant program.

Objective 2.2. By June 30, 2022, the proportion of children who receive preventive dental service by the SBSP will increase annually by at least 5%.

Objective 2.3. By June 30, 2022, the number of parents/caregivers of children who receive indirect oral health education will increase annually by 5%.

Objective 2.4. By June 30, 2022, at least 10% of children will receive direct oral health education.

Objective 2.5. By June 30, 2022, the proportion of children served by the program who have established dental homes will increase by 3%.

Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
	<ul style="list-style-type: none"> ▪ Nutrition and healthy snacks. ▪ Sugar sweetened beverages. ▪ The need for regular dental care and preparation for visiting the dentist. ▪ Tobacco smoking prevention. <p>5) Identify age-appropriate videos and make available to teachers to reinforce in-person education.</p> <p>6) Develop and distribute at-home activity sheets for children to complete with parents.</p> <p>7) For identified school sites, develop and adapt general oral health and hygiene educational materials that are culturally</p>	Fresno EOC		<p>takes time out of their school activities.</p> <p>Suggestions:</p> <ul style="list-style-type: none"> • Reach out to teachers prior to the development of their yearly lesson planning. • Build education capacity beyond teachers i.e. peer teachers from high schools or Fresno City College Dental Hygiene students who usually need to fill community requirements. 	<p>schedule, and list of training topics.</p> <ul style="list-style-type: none"> • Video distributed; number of children watching videos.

Table 2: Goal 2. To improve access to oral health care through preventive, restorative, and educational services for school students in grades K-6.

Objective 2.1 By June 30, 2022, at least three elementary schools that serve low-income families within any school district in Fresno County will participate in the school-based sealant program.

Objective 2.2. By June 30, 2022, the proportion of children who receive preventive dental service by the SBSP will increase annually by at least 5%.

Objective 2.3. By June 30, 2022, the number of parents/caregivers of children who receive indirect oral health education will increase annually by 5%.

Objective 2.4. By June 30, 2022, at least 10% of children will receive direct oral health education.

Objective 2.5. By June 30, 2022, the proportion of children served by the program who have established dental homes will increase by 3%.

Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
	competent, use appropriate health literacy level and send educational materials home.				
#6 Evaluate progress and impact of the SBSP on children’s access to oral health care services because of program efforts.	1) School subcontractor representative will attend Oral Health Advisory Committee (OHAC) meetings to determine the course of action for identified schools. 2) School subcontractor representative will work with the Evaluation Consultant to identify process and qualitative indicators for SBSP and determine progress on evaluation, objectives / indicators. 3) School subcontractor representative will work with	Fresno EOC CVHPI LOHP Staff Fresno EOC CVHPI LOHP Staff			<ul style="list-style-type: none"> ● OHAC Meeting Minutes. ● Annual evaluation Report – identify if target participation rate was met. ● Success stories (qualitative case study) and dissemination plan.

Table 2: Goal 2. To improve access to oral health care through preventive, restorative, and educational services for school students in grades K-6.

Objective 2.1 By June 30, 2022, at least three elementary schools that serve low-income families within any school district in Fresno County will participate in the school-based sealant program.

Objective 2.2. By June 30, 2022, the proportion of children who receive preventive dental service by the SBSP will increase annually by at least 5%.

Objective 2.3. By June 30, 2022, the number of parents/caregivers of children who receive indirect oral health education will increase annually by 5%.

Objective 2.4. By June 30, 2022, at least 10% of children will receive direct oral health education.

Objective 2.5. By June 30, 2022, the proportion of children served by the program who have established dental homes will increase by 3%.

Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
	the Evaluation Consultant and Department of Public Health to identify success stories to share with local programs, policymakers, stakeholders, and the public to help sustain program efforts.				

Table 3: Goal 3. To improve oral health outcomes for children in grades K-6 served by the program.

Objective 3.1. By June 30, 2022, the number of children who have untreated tooth decay among the targeted population will decrease by 5%.

Objective 3.2. By June 30, 2022, the proportion of students who report school absences due to preventable dental conditions among students served by the program will decrease by 3%.

Objective 3.3. By June 30, 2022, the number of Emergency Department visits due to non-traumatic dental conditions among students served by the program will decrease by 3%.

Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/Suggestions	Performance Measures
<p>#1. Assess the impact of the SBSP on children’s oral health outcomes because of program efforts.</p>	<p>1) Collect documentation of program activities.</p> <p>2) Assess and document children’s oral health status at annual screenings events.</p> <p>3) Analyze screening forms and parents’ survey responses to assess the progress in metrics.</p> <p>4) Write an annual evaluation report summary to identify progress in performance measures.</p>	<p>LOHP staff</p> <p>Fresno EOC</p> <p>CVHPI</p>	<p>OHAC</p> <p>Schools K-6</p>	<ul style="list-style-type: none"> • Parents may not respond to surveys <p>Suggestions:</p> <ul style="list-style-type: none"> • Provide incentives to parents who respond to surveys • Establish trust with parents and caregivers 	<ul style="list-style-type: none"> • Number of children with untreated tooth decay. • Number of children who reported school absence due to non-traumatic dental condition in the past year. • Number of children who reported visiting the ED for non-traumatic dental conditions in the past year. • Number of children referred to establish a dental home. • *Number of children that established dental homes because of the referral. • Evaluation report to identify if target participation was met.

**If resources are available, Fresno County Department of Public Health will be working towards achieving this activity/measure.*

Table 4: Goal 4. To improve access to oral health care services for pregnant women.

Objective 4.1. By June 30, 2022, increase the number of community partners by 20% that promote awareness about the importance and safety of oral health care for pregnant women.

Objective 4.2. By June 30, 2022, the program will collaborate with at least 10 OB/GYN offices to provide oral health education for pregnant women and referrals to dental offices.

Objective 4.3. By June 30, 2022, the program will provide training and continuing education on the safety of and protocols/guidelines of treating pregnant women to at least 10 dental providers by collaborating with the local dental association.

Objective 4.4. By June 30, 2022, the program will facilitate establishing dental homes for at least 3% of pregnant women served by the program.

Objective 4.5. By June 30, 2022, the proportion of pregnant women served by the program who used the oral health system in the past 12 months will increase by at least 5%.

Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
<p>#1. Engage community partners to promote awareness about the importance and safety of oral health care for pregnant women.</p>	<p>1) Convene meetings of local programs (First 5, Maternal, Child and Adolescent Health (MCAH), Medi-Cal Dental, Child Health and Disability Prevention (CHDP), Women, Infants, and Children (WIC), Black Infant Health (BIH), Early Head Start, Head Start, schools, and Home Visiting, etc.) and discuss prevention and access to care issues for pregnant women.</p> <p>2) Identify the role of partners – outreach, education, assessment, linkage, case management, delivery of services and follow up.</p>	<p>LOHP Staff</p>	<p>OHAC First 5 WIC DPH Nursing Program Nurse-Family Partnership</p>	<ul style="list-style-type: none"> ● Lack of provider infrastructure that can ensure effective referrals. ● OB offices may refrain from spending extra time to provide oral health education and referral with the existing lack of infrastructure. ● Many dental providers do not accept adult Medi-Cal Dental patients. ● Lack of supporting policies. 	<ul style="list-style-type: none"> ● Number of organizations and partners that promote awareness about the importance and safety of oral health care for pregnant women. ● Schedule of meetings, meeting agendas, list of participants, and sectors they are representing. ● List of target organizations identified.

Table 4: Goal 4. To improve access to oral health care services for pregnant women.

Objective 4.1. By June 30, 2022, increase the number of community partners by 20% that promote awareness about the importance and safety of oral health care for pregnant women.

Objective 4.2. By June 30, 2022, the program will collaborate with at least 10 OB/GYN offices to provide oral health education for pregnant women and referrals to dental offices.

Objective 4.3. By June 30, 2022, the program will provide training and continuing education on the safety of and protocols/guidelines of treating pregnant women to at least 10 dental providers by collaborating with the local dental association.

Objective 4.4. By June 30, 2022, the program will facilitate establishing dental homes for at least 3% of pregnant women served by the program.

Objective 4.5. By June 30, 2022, the proportion of pregnant women served by the program who used the oral health system in the past 12 months will increase by at least 5%.

Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
	3) Identify facilitators and barriers to care and gaps for pregnant women. 4) Determine best practices, health care, institutional policy, systems, and environmental approaches to address barriers to care and targets are set. 5) Identify target health care settings and institutions for intervention. 6) Recruit health care, institutional and community champions.			Suggestions: <ul style="list-style-type: none"> Engage FQHCs in addition to private dentists. 	
#2. Assist community partners to	1) Identify tool kits and training resources and share them with partners.	CVHPI LOHP Staff			<ul style="list-style-type: none"> Summary in progress reports of successes, challenges, lessons

Table 4: Goal 4. To improve access to oral health care services for pregnant women.					
<i>Objective 4.1. By June 30, 2022, increase the number of community partners by 20% that promote awareness about the importance and safety of oral health care for pregnant women.</i>					
<i>Objective 4.2. By June 30, 2022, the program will collaborate with at least 10 OB/GYN offices to provide oral health education for pregnant women and referrals to dental offices.</i>					
<i>Objective 4.3. By June 30, 2022, the program will provide training and continuing education on the safety of and protocols/guidelines of treating pregnant women to at least 10 dental providers by collaborating with the local dental association.</i>					
<i>Objective 4.4. By June 30, 2022, the program will facilitate establishing dental homes for at least 3% of pregnant women served by the program.</i>					
<i>Objective 4.5. By June 30, 2022, the proportion of pregnant women served by the program who used the oral health system in the past 12 months will increase by at least 5%.</i>					
Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
implement strategies that improve access of pregnant women to oral health care	<p>2) Distribute guidance documents and toolkits for referral to provide technical assistance to healthcare, institutional and community champions.</p> <p>3) * Develop tailored training and implement it for primary care offices and CBOs on how to integrate oral health referral for pregnant women in their respective settings.</p> <p>4) Follow up with stakeholders to determine the effectiveness of trainings and resources.</p>				<p>learned new or revised policies and recommendations.</p> <ul style="list-style-type: none"> ● Success Stories are identified (qualitative case study) ● Dissemination plan for the success stories with local programs, policymakers, stakeholders, and the public to help sustain program efforts. ● List of additional organizations and partners that promote awareness about the importance and safety of oral health care for pregnant women. ● Number of OB/GYN and primary care offices that provide oral health education for pregnant women. ● * Number of dental providers who attended continuing education on

Table 4: Goal 4. To improve access to oral health care services for pregnant women.					
<i>Objective 4.1. By June 30, 2022, increase the number of community partners by 20% that promote awareness about the importance and safety of oral health care for pregnant women.</i>					
<i>Objective 4.2. By June 30, 2022, the program will collaborate with at least 10 OB/GYN offices to provide oral health education for pregnant women and referrals to dental offices.</i>					
<i>Objective 4.3. By June 30, 2022, the program will provide training and continuing education on the safety of and protocols/guidelines of treating pregnant women to at least 10 dental providers by collaborating with the local dental association.</i>					
<i>Objective 4.4. By June 30, 2022, the program will facilitate establishing dental homes for at least 3% of pregnant women served by the program.</i>					
<i>Objective 4.5. By June 30, 2022, the proportion of pregnant women served by the program who used the oral health system in the past 12 months will increase by at least 5%.</i>					
Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
	5) Identify any new policies that resulted from efforts.				the safety and protocols/guidelines of treating pregnant women in collaboration with the local dental association.
#3. * Facilitate referrals for pregnant women (to dental offices to establish dental homes).	1) Identify tool kits and training resources are and share them with case managers who work with pregnant women. 2.) Distribute Guidance documents and toolkits for referral to provide technical assistance to case managers.	LOHP Staff			<ul style="list-style-type: none"> ● * Number of pregnant women referred for dental care because of the program effort. ● * Number of pregnant women who established dental homes because of the program effort. ● * Number of pregnant women who were able to receive oral health services because of the program effort.
<i>*If resources are available, Fresno County Department of Public Health will be working towards achieving this activity/measure.</i>					

Table 5. Goal 5. To improve the oral health literacy of residents in Fresno County

Objective 5.1. By June 30, 2022, the number of organizations participating in any oral health literacy activities will increase by 20%.

Objective 5.2. By June 30, 2022, there will be an Oral Health Literacy Plan available for implementation in Fresno County.

Objective 5.3. By June 30, 2022, the oral health literacy plan will be piloted in a minimum of three different settings, which may include schools, health clinics, libraries, or other community organizations.

Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
<p>#1. Engage more organizations to implement oral health literacy activities within their respective settings.</p>	<p>1) Identify and recruit key partners to participate in the Fresno Community Health Improvement Partnership’s Health Literacy & Empowerment Workgroup.</p> <p>2) Conduct a survey among dental offices, primary care offices, CBOs, public libraries, and other sectors to assess the existence of any oral health literacy activities.</p>	<p>Local Oral Health Program Staff (LOHP)</p>	<p>Fresno County Health Improvement Partnership - Health Literacy & Empowerment (FCHIP-HLE)</p> <p>OHAC</p> <p>WIC</p> <p>First 5</p> <p>Health Literacy Workgroup</p> <p>Potential partners: Cal Viva Anthem</p>	<ul style="list-style-type: none"> Existing competing priorities 	<ul style="list-style-type: none"> Number of organizations or programs that are currently participating in any oral health literacy activities. Number of recruited partners. Number of additional organizations or programs participating in any oral health literacy activities. Assessment report to identify current activities and best practices.
<p>#2. Implement the evidence-based oral health literacy campaign, “Brush, Book,</p>	<p>1) Identify target health care settings and institutions for intervention.</p>	<p>LOHP</p> <p>CVHPI</p>	<p>Potential partners: Health Care settings FQHCs Public Libraries</p>	<ul style="list-style-type: none"> Purchasing children books about for oral health can be costly to parents. 	<ul style="list-style-type: none"> Number of BBB campaign champions who will coordinate the program and inspire partners.

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Objective 5.2. By June 30, 2022, there will be an Oral Health Literacy Plan available for implementation in Fresno County.

Objective 5.3. By June 30, 2022, the oral health literacy plan will be piloted in a minimum of three different settings, which may include schools, health clinics, libraries, or other community organizations.

Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
Bed (BBB) Campaign.			<i>Head Starts First Five</i>		
	<p>2) Conduct a survey among dental offices, primary care offices, public libraries, and CBOs to assess readiness to implement BBB.</p> <p>3) Develop and share a guidance document on acquiring supplies (such as BBB book) and setting-up each practice for easy implementation (i.e.: welcoming each infant at their 9-month well-child visit with a BBB book.</p> <p>4) *Develop and implement tailored trainings for partners' staff on how to integrate an oral health component into their settings.</p> <p>5) Conduct a follow-up with providers to determine the effectiveness of training, the impact of BBB campaign to</p>	<p>LOHP</p> <p>CVHPI</p>	<p>Potential partners: <i>Health Care settings FQHCs Public Libraries Head Starts First Five</i></p>	<p>Suggestions:</p> <ul style="list-style-type: none"> ● Encourage peer learning and teaching programs. ● Collaborate with other health campaigns to include oral health information within especially that share same risk factors e.g. smoking prevention and obesity prevention programs. 	<ul style="list-style-type: none"> ● *Schedule of trainings and number of participants. ● Guidance document. ● Summary in progress reports of successes, challenges, lessons learned, and recommendations.

Table 5. Goal 5. To improve the oral health literacy of residents in Fresno County					
<i>Objective 5.1. By June 30, 2022, the number of organizations participating in any oral health literacy activities will increase by 20%.</i>					
<i>Objective 5.2. By June 30, 2022, there will be an Oral Health Literacy Plan available for implementation in Fresno County.</i>					
<i>Objective 5.3. By June 30, 2022, the oral health literacy plan will be piloted in a minimum of three different settings, which may include schools, health clinics, libraries, or other community organizations.</i>					
Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
	identify successes, challenges, and recommendations.				
#3. Improve access to oral health information for teen’s age group.	<p>1) Assess existing educational tools that target age 11-19, in various settings and identify best practices.</p> <p>2) Engage stakeholders, parents, and young people to develop methods of sharing oral health information.</p> <p>3) Develop additional needed educational tools.</p> <p>4) Identify target health care settings and institutions for intervention.</p> <p>5) Develop a guidance document and implement tailored trainings for partners’ staff on how to integrate an oral health component into their settings.</p>	LOHP CVHPI	OHAC School Districts	<ul style="list-style-type: none"> ● Finding curricula and materials for this age group ● Limited time during school days and competing priorities. 	<ul style="list-style-type: none"> ● List of engaged stakeholders and meeting minutes. ● Educational tools identified and/or developed. ● Guidance document is developed and shared with partners. ● Training plan, list of training, number of participants, and evaluation of trainings. ● Summary in progress reports of successes, challenges, lessons learned, and recommendations.

Table 5. Goal 5. To improve the oral health literacy of residents in Fresno County					
<p><i>Objective 5.1. By June 30, 2022, the number of organizations participating in any oral health literacy activities will increase by 20%.</i></p> <p><i>Objective 5.2. By June 30, 2022, there will be an Oral Health Literacy Plan available for implementation in Fresno County.</i></p> <p><i>Objective 5.3. By June 30, 2022, the oral health literacy plan will be piloted in a minimum of three different settings, which may include schools, health clinics, libraries, or other community organizations.</i></p>					
Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
	6) Follow-up with providers to determine effectiveness of tools and implementation process to identify successes, challenges, and recommendations.				
#4. Develop and implement a pilot oral health literacy plan and evaluate its effectiveness.	<p>1) Develop an evaluation plan to determine outcome measures and establish baseline.</p> <p>2) Develop and implement the pilot health literacy plan in a minimum of three different settings.</p> <p>3) Provide technical assistance for schools, CBOs, public libraries, and health clinics to implement oral health literacy activities in their respective settings.</p> <p>4) Follow-up with providers to determine the effectiveness of the plan to identify successes,</p>	<p>LOHP</p> <p>CVHPI</p>	<p>OHAC</p> <p>School Districts</p>	<ul style="list-style-type: none"> ● Improvement in health literacy is difficult to assess. <p>Suggestions:</p> <ul style="list-style-type: none"> ● Improvement in behavior and utilization of services can be an indicator. 	<ul style="list-style-type: none"> ● Evaluation and sustainability plans. ● Assessment report to assess pilot implementation and to adapt curricula and activities to increase effectiveness. ● Summary in progress reports of successes, challenges, lessons learned, and recommendations. ● Number of programs that have added an oral health component. ● Success stories (qualitative case study) and dissemination plan.

Table 5. Goal 5. To improve the oral health literacy of residents in Fresno County					
<i>Objective 5.1. By June 30, 2022, the number of organizations participating in any oral health literacy activities will increase by 20%.</i>					
<i>Objective 5.2. By June 30, 2022, there will be an Oral Health Literacy Plan available for implementation in Fresno County.</i>					
<i>Objective 5.3. By June 30, 2022, the oral health literacy plan will be piloted in a minimum of three different settings, which may include schools, health clinics, libraries, or other community organizations.</i>					
Activity by June 2022	Action Steps	Responsible Parties	Partners	Barriers/ Suggestions	Performance Measures
	<p>challenges, and recommendations.</p> <p>5) Identify and share success stories with local programs, policymakers, stakeholders, and the general public to promote and sustain program efforts.</p>				
<i>*If resources are available, Fresno County Department of Public Health will be working towards achieving this activity/measure.</i>					

Next Steps

Oral Health Priorities for Future Actions

The five goals outlined above directly address some of the Fresno County oral health needs and align with the state's oral health plan. However, in assessing primary data collected from community members and secondary data, Fresno County has oral health needs beyond the five goals outlined in this health improvement plan. Due to insufficient funding, limited resources, and the vast amount of oral health-related inequities in Fresno County, the LOHP could not address all priority areas identified in the OHNA. Appendix D, Table 1 D, provides all the priorities that are addressed in the LOHP 2020-2022 and the priorities planned for next steps.

It is crucial to pinpoint which identified oral health needs should be focused on the most as part of our plan beyond 2022. Ranking the priorities for future actions process was guided by the collective knowledge and experience of the OHAC members to ensure partners' engagement and inclusion. The OHAC members were requested to prioritize the needs by deciding the most and the least important priorities for future action beyond 2022. The prioritization steps were as follows: ⁴

Step 1: A small group from OHAC met and brainstormed the criteria that will help quantitatively prioritize the identified needs. The group came to consensus on the list of five criteria.

Step 2: The OHAC members received an e-survey to weigh the list of criteria using a scale of 1-5 with 5 is the most important and 1 is the least important. The survey analysis revealed the following weight for each criterion arranged from the most to the least important:

- Feasibility or existence of infrastructure and resources to address the issue/need (5).
- Does the issue/need affect our ability to achieve oral health program goals? (4).

- Impact of the issue/need in our County (3).
- Existing disparity or need among vulnerable populations (2).
- Community capacity and willingness to act on the issue/need (1).

Step 3: An e-survey was created to rank the needs. During the OHAC virtual meeting the members responded to the survey and voted for the most weighted criterion for each issue/need. They only voted once per issue/need.

Step 4: The responses were analyzed by multiplying the weight of criterion by the total count of votes for each need.

Step 5: The prioritization matrix was created to depict the ranking of each priority. The higher is the score, the highest priority of the identified need.

The unaddressed needs are listed in Table 6 below. The needs were prioritized and ranked for future actions beyond 2022, as planned and guided by the OHAC members and are arranged from highest priority to least priority. Those listed priorities will be the focus areas after the complete implementation of the LOHP and will be overseen by the OHAC members, who will help guide and assist future actions. During the period of June 2022-June 2024, the focus will be on the first four identified needs: 1) shortage of dental providers that treat children with special needs, 2) high cost of dental care, 3) lack of current local data on the extent of oral diseases, and 4) poor quality of Medi-Cal Dental services provided and shortage of dental providers that accept Medi-Cal Dental patients. During the following 2 years from June 2024-June 2026, the focus will be on the following identified needs: 1) lack of community water fluoridation, 2) prevalence of current smokers and the existing racial disparity (10%), 3) prevalence of diabetes (10%), 4) high consumption of sweetened beverages especially among individuals with low income, and 5) existing disparities in prevalence of oral diseases at the census tract level.

Table 6: Oral Health Improvement Plan Prioritization Matrix							
Criterion	Community Capacity	Disparity	Impact	Affect LOHP goals	Feasibility	Total	Results
Criterion Weight	(wt. 1)	(wt.2)	(wt.3)	(wt.4)	(wt.5)		
Shortage of dental providers that treat children with special needs	2 (2)	2 (4)	2 (6)	3 (12)	7 (35)	59	1
High cost of dental care	0	4 (8)	4 (12)	4 (16)	4 (20)	56	2
Lack of current local data on the extent of oral diseases	2(2)	1(2)	5(15)	5(20)	3(15)	54	3
Poor quality of Medi-Cal Dental services provided	2 (2)	4 (8)	3 (9)	2 (8)	5 (25)	52	4
Shortage of dental providers that accept Medi-Cal Dental patients	2 (2)	4 (8)	2(6)	4(16)	4(20)	52	4
Lack of community water fluoridation	5(5)	1(2)	4(12)	2 (8)	4(20)	47	5
Prevalence of current smokers in the county with existing racial disparity (10%)	3(3)	6(12)	5(15)	2 (8)	0	38	6

Criterion	Community Capacity	Disparity	Impact	Affect LOHP goals	Feasibility	Total	Results
Criterion Weight	(wt. 1)	(wt.2)	(wt.3)	(wt.4)	(wt.5)		
More of the low-income population self-reported consuming sweetened beverages than those with higher income	5(5)	7(14)	1(3)	2 (8)	1(5)	35	8
Existing disparity in self-reported prevalence of oral diseases at the census tract level	5(5)	6(12)	4(12)	0	1(5)	34	9

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1. *California Department of Public Health Oral Health Program. 2017-2022 Local Health Jurisdiction Local Oral Health Program, 2017. California Department of Public Health. Sacramento, California.* <https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A6dbd2367-eea0-451a-a6f7-f51326908e59>
2. *ASSESSING ORAL HEALTH NEEDS: ASTDD SEVEN-STEP MODEL.*; 2003. <https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Abc657b18-74dc-4766-bb7b-b0273236e6e7>
3. *California Oral Health Plan 2018-2028.* [https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH Document Library/Oral Health Program/FINAL REDESIGNED COHP-Oral-Health-Plan-ADA.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/Oral%20Health%20Program/FINAL%20REDESIGNED%20COHP-Oral-Health-Plan-ADA.pdf)
4. *Prioritization Matrix.* Accessed July 29, 2020. <https://www.bluesynergyassociates.com/prioritization-matrix.html>

Appendices

Appendix A. List of Oral Health Advisory Committee Members, Oral Health Workgroup Members, Local Oral Health Program Staff and Consultants.

Table 1-A. List of Oral Health Advisory Committee Members	
Name	Title
Alma McKenry	Director of Health Services, FCOE
Amrit Sidhu	Health Education Specialist, Madera County
Ana Cruz	Health Educator, Fresno County DPH
Ana Hernandez	Fresno EOC, Project Director
Andrea Fillebrown	Health Education Specialist, Madera County
Annic Lopez	Health Education Specialist, Fresno County
Arasely Rosas	Dental Project Coordinator, RaB
Brooke Frost	Director of Collaborative Action Network, C2C
Catherine Arguelles	Provider Relations Representative, Medi-Cal
Danette Franz	Unit Manager, Tulare County Health & Human Services Agency
David Luchini	Assistant Director, Fresno County DPH
Dr. Mark Cave	Chief Dental Officer, Clinica Sierra Vista
Dr. Paul Cheney	Dentist

Table 1-A. List of Oral Health Advisory Committee Members	
Name	Title
Dr. Paul Hsiao	Dentist
Elizabeth Navarro	Medi-Cal Dental Outreach Central Valley
Emanuel Alcala	Co-Assistant Director, Central Valley Health Policy Institute (CVHPI)
Erwin Garrido	Dental Project Coordinator, RaB
Gail Williams	Health Services Director, Fresno Unified
Hayam Megally	Research Analyst, CVHPI-CSU Fresno
Ivonne DerTorosian	Director, Community Benefit
Jack Lazzarini	Program Director, WIC
Jane Banks	Director of Health Services, FUSD
Jane Thomas	Health/Dental Director, EOC
Joanne Pacheco	Academic Chair, CCHC
Josephine Arguelles	Project Coordinator, EOC
Katie Kellett	Project Manager, FCHIP
Kristeena Bump	Program Tech, Fresno County DPH
Laneesha Senegal	Community Advocate
Linda Gleason	Executive Director, C2C
Lisa Chaney	Health Service Coordinator, Fresno City
Luis Santana	Executive Director, RaB
Mai Lia Yang	Provider Relations Representative, RaB

Table 1-A. List of Oral Health Advisory Committee Members	
Name	Title
Maria Barragan	Health Education Coordinator, Madera County
Maria Torrez	VA Hospital
Marlene Bengiamin	Research Director, CVHPI-CSU Fresno
Melanie Ruvalcaba	OHPW Manager, Fresno County DPH
Oralia Maceda	Co-Executive Director, Centro Binacional Oaxaqueño
Renee Brown	RDHAP
Rhoda Gonzales	RDHAP, EOC
Sue Kincaid	Program Director, FCHIP
Todd Prater	Provider Relations Representative, EOC
Valerie Vasquez	Provider Relations Representative, EOC

Table 2-A List of Oral Health Workgroup Members and Organizations	
Name	Organizations
James Richardson	Reading and Beyond
Erwin Garrido	Reading and Beyond
Rhoda Gonzales	Fresno Economic Opportunities Commission
Josephine Arguelles	Fresno Economic Opportunities Commission
Ana Hernandez	Fresno Economic Opportunities Commission
Daniela Aghadjanian	Fresno Department of Public Health
Ana Cruz	Fresno Department of Public Health
Lee Her	Fresno Metro Ministries
Katie Kellett	Fresno Metro Ministries
Susan Kincaid	Fresno Community Health Improvement Partnership
Dr. Paul Hsiao	Local Dental Provider –President of Fresno Madera Dental Society

Table 3-A List of Fresno County Local Oral Health Program Staff and Consultants	
Name	Title
David Luchini	Assistant Director, Fresno County DPH
Melanie Ruvalcaba	OHPW Manager, DPH
Ana Cruz	Health Educator, DPH
Annic Lopez	Health Education Specialist, DPH
Dr. John Capitman	Executive Director, CVHPI
Dr. Marlene Bengiamin	Research Director, CVHPI
Emanuel Alcala	Co-Assistant Director, CVHPI
Hayam Megally	Research Analyst, CVHPI
Rachel Doherty	Research Analyst, CVHPI
Yesenia Silva	Research Assistant, CVHPI
Miguel Garcia Raya	Research Assistant, CVHPI

Shuwen Zhong	Intern, CVHPI
Alva Apostol	Intern, CVHPI
Keith Bergthold	Executive Director, Fresno Metro Ministries
Katie Kellett	Fresno Metro Ministries
Lee Her	Fresno Metro Ministries
Christian Gonzalez	Fresno Metro Ministries
Susan Kincaid	Fresno Community Health Improvement Partnership (FCHIP)

Appendix B. The Local Oral Health Program Aligned with the California Oral Health Program Objectives

<i>Table 1 B. Fresno County Oral Health Program Objectives 2020-2022, Aligned with the State Oral Health Program 2018-2028 Goals, Objectives, and Strategies.</i>	
State Oral Health Program Objective	Fresno County Oral Health Program Objective
Goal 2, Objective 2.E. Strategy 2.1: Leverage each school district’s Local Control Accountability Plan that is focused on equity, transparency, and performance to support kindergarten dental assessment.	By June 30, 2022, at least five more elementary schools will be engaged to participate in the Kindergarten Oral Health Assessment Program.
Goal 1, Objective 1. A, Strategy 1.1: Build community capacity to integrate oral health into the decision-making process for health policies and programs	By June 30, 2022, at least five more organizations and entities will be engaged to participate in the LOHP.
Goal 1, Objective 1. A, Strategy 1.1: Build community capacity to integrate oral health into the decision-making process for health policies and programs	By June 30, 2020, there will be an established Oral Health Coalition in Fresno County with identified vision, mission and goals.

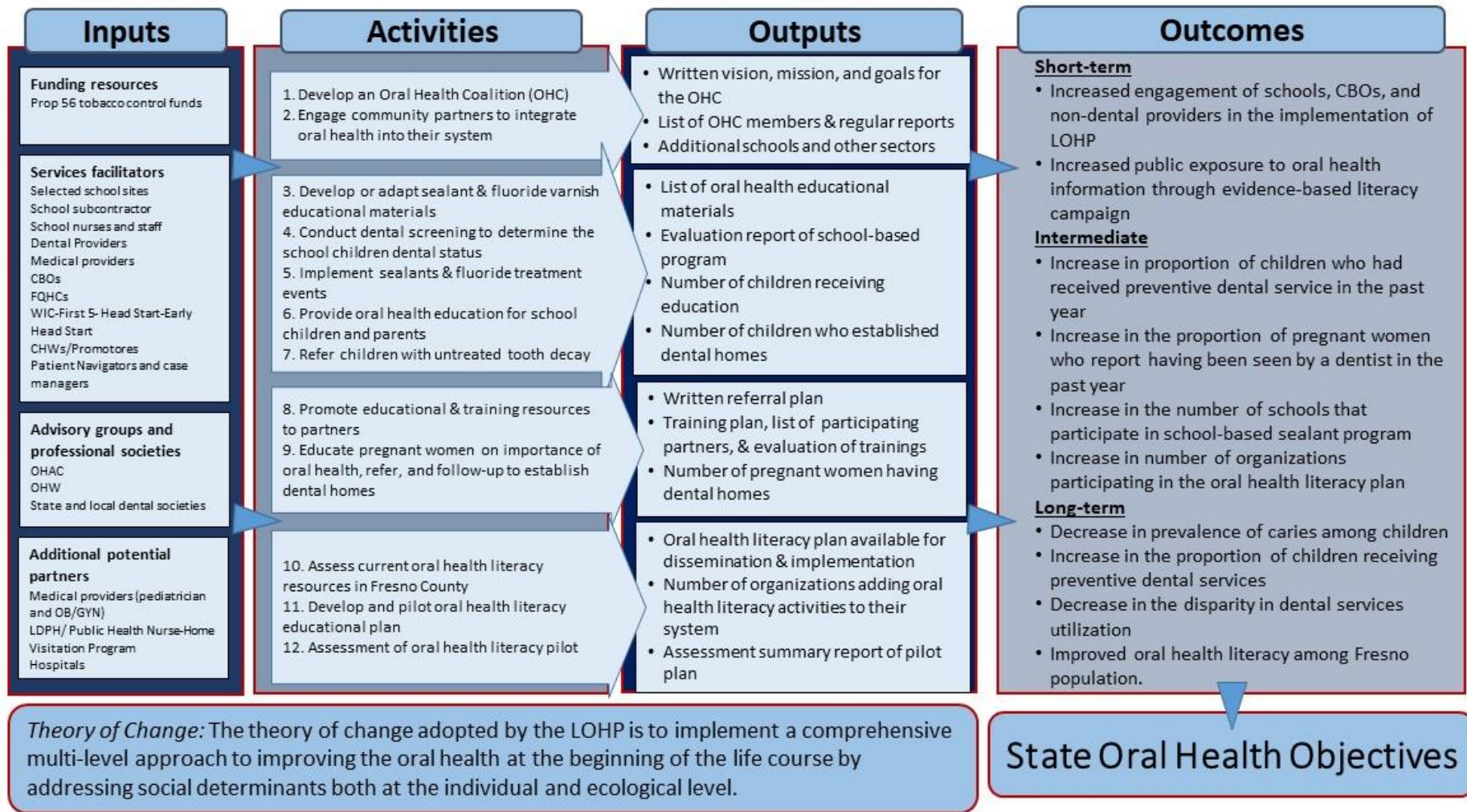
<p>Goal 2, Objective 2.B, Strategy 2.2: Identify, maintain, and expand community-clinical linkage programs in targeted sites such as WIC programs, Early Head Start/Head-Start, preschools, and schools.</p>	<p>By June 30, 2022, at least three elementary schools that serve low-income families within any school district in Fresno County, will participate in the school-based sealant program (SBSP).</p>
<p>Goal 2, Objective 2.C: Increase the percentage of children, ages six to nine years, who have received dental sealants on one or more of their permanent first molar teeth.</p>	<p>By June 30, 2022, the proportion of children who receive preventive dental service by the SBSP will increase annually by at least 5%.</p>
<p>Goal 2, Objective 2.B, Strategy 2.2: Identify, maintain, and expand community-clinical linkage programs in targeted sites such as WIC programs, Early Head Start/Head-Start, preschools, and schools.</p>	<p>By June 30, 2022, the number of parents/caregivers of children who receive indirect oral health education will increase annually by 5%.</p>
<p>Goal 2, Objective 2.B, Strategy 2.2: Identify, maintain, and expand community-clinical linkage programs in targeted sites such as WIC programs, Early Head Start/Head-Start, preschools, and schools.</p>	<p>By June 30, 2022, at least 10% of children will receive direct oral health education.</p>
<p>Goal 2, Objective 2. B, Strategy 2.3: Capitalize on the Medi-Cal Dental Transformation Initiative and other</p>	<p>By June 30, 2022, the proportion of children served by the program who have established dental homes will increase by 3%.</p>

program improvement efforts to increase the number of children receiving effective preventive interventions.	
Goal 2, Objective 2. B, Strategy 2.3: Capitalize on the Medi-Cal Dental Transformation Initiative and other program improvement efforts to increase the number of children receiving effective preventive interventions.	By June 30, 2022, the number of children served by the program who used the oral health care system in the past year will increase by at least 5%.
Goal 1, Objective 1.A: Reduce the proportion of children with dental caries experience and untreated caries.	By June 30, 2022, the number of children who have untreated tooth decay among the targeted population will decrease by 5%.
Goal 1, Objective 1.A: Reduce the proportion of children with dental caries experience and untreated caries.	By June 30, 2022, the proportion of students who report school absences due to preventable dental conditions among students served by the program will decrease by 3%.
Goal 2, Objective 2.H: Decrease repeat emergency room visits for dental problems.	By June 30, 2022, the number of Emergency Department visits due to non-traumatic dental conditions among students served by the program will decrease by 3%.

<p>Goal 2, Objective 2.D: Increase the proportion of pregnant women who report having been seen by a dentist.</p>	<p>By June 30, 2022, increase the number of community partners by 20% that promote awareness about the importance and safety of oral health care for pregnant women.</p>
<p>Goal 2, Objective 2.B, Strategy 2.2: Identify, maintain, and expand community-clinical linkage programs in targeted sites such as WIC programs, Early Head Start/Head-Start, preschools, and schools.</p>	<p>By June 30, 2022, the program will collaborate with at least 10 OB/GYN offices to provide oral health education for pregnant women and referrals to dental offices.</p>
<p>Goal 2, Objective 2.B, Strategy 2.4: Integrate oral health and primary care by leveraging HRSA’s Perinatal and Infant Oral Health Quality Improvement grant to identify and address barriers to care.</p>	<p>By June 30, 2022, the program will provide training and continuing education on the safety of and protocols/guidelines of treating pregnant women to at least 10 dental providers by collaborating with the local dental association.</p>
<p>Goal 2, Objective 2.B, Strategy 2.4: Integrate oral health and primary care by leveraging HRSA’s Perinatal and Infant Oral Health Quality Improvement grant to identify and address barriers to care.</p>	<p>By June 30, 2022, the program will facilitate establishing dental homes for at least 3% of pregnant women served by the program.</p>

<p>Goal 2, Objective 2.B, Strategy 2.4: Integrate oral health and primary care by leveraging HRSA’s Perinatal and Infant Oral Health Quality Improvement grant to identify and address barriers to care.</p>	<p>By June 30, 2022, the proportion of pregnant women served by the program who used the oral health system in the past 12 months will increase by at least 5%.</p>
<p>Goal 1, Objective 1.A, Strategy 1.3: Identify, maintain and expand evidence-based programs and best practice approaches that promote oral health.</p>	<p>By June 30, 2022, the number of organizations participating in any oral health literacy activities will increase by 20%.</p>
<p>Goal 1, Objective 1.A, Strategy 1.3: Identify, maintain and expand evidence-based programs and best practice approaches that promote oral health.</p>	<p>By June 30, 2022, there will be an Oral Health Literacy Plan available for implementation in Fresno County.</p>
<p>Goal 1, Objective 1.A, Strategy 1.3: Identify, maintain and expand evidence-based programs and best practice approaches that promote oral health.</p>	<p>By June 30, 2022, the oral health literacy plan will be piloted in a minimum of three different settings, which may include schools, health clinics, libraries, or other community organizations.</p>

Appendix C: Fresno County Oral Health Program Logic Model



Appendix D. The Local Oral Health Program Goals Aligned with the Health Needs Assessment Identified Priorities

Table 1 D. Local Oral Health Program Goals aligned with the Priorities of Needs Identified by OHNA and Priorities for Future Action		
	Priority Areas Identified in the Oral Health Needs Assessment	
Local Oral Health Program Goals 2020-2022	Aligned priorities with the LOHP to be addressed by 2022	Priorities for future action to be addressed after 2022
Build community capacity and engage stakeholders through community partnerships to integrate oral health services into their respective system.	<ul style="list-style-type: none"> ● Increase collaboration between entities and organizations to facilitate access to oral health care for residents. 	<ul style="list-style-type: none"> ● Lower the high cost of dental services for patients and reduce the overhead expenses on providers. ● Improve the quality of dental services offered by the Medi-Cal Dental program with respect to the amount of covered services and provider-patient communication.
Improve access to oral health care through preventive, restorative, and educational	<ul style="list-style-type: none"> ● Increase knowledge and awareness of available dental services by offering educational materials in multiple languages. 	

<p>services for school students K-6.</p>	<ul style="list-style-type: none"> ● Leverage on existing successful programs for children by expanding, replicating, and sustaining effective efforts. ● Increase collaboration between entities and organizations to facilitate access to oral health care for residents. ● Improve patients' oral health behavior and promote the value of oral health care. ● As of 2006, 40% of Fresno County kindergarten and third grade students had untreated tooth decay. 	<ul style="list-style-type: none"> ● Increase the availability of dental providers as well as specialized dentists for children with special needs. ● Lack of local and current data that indicates the oral health status and the extent of oral diseases among residents that is reported by oral health professional. ● Place-based disparities exist at the census tract level in adults' self-reported oral health outcomes and utilization of dental services. ● Shortage of dental providers especially who are serving the Medi-Cal Dental population. ● Lack of water fluoridation throughout Fresno County.
<p>Improve oral health outcomes for school students K-6 served by the program.</p>	<ul style="list-style-type: none"> ● Leverage on existing successful programs for children by expanding, replicating, and sustaining effective efforts. ● Increase collaboration between entities and organizations to facilitate access to oral health care for residents. 	

	<ul style="list-style-type: none"> ● In 2006, 40% of Fresno County kindergarten and third grade students had untreated tooth decay. 	<ul style="list-style-type: none"> ● The prevalence of diabetes is 10% in the county which puts those patients at a higher risk to develop oral diseases. ● Ten percent of Fresno County residents reported they are current smokers with existing racial disparity where AN/AI and AA show higher percentage. ● Individuals with low-income reported consuming more sweetened beverages than individuals with high-income did.
<p>Improve access to oral health care services for pregnant women.</p>	<ul style="list-style-type: none"> ● Establish publicly funded programs for adults that are similar to the successful oral health programs provided to children. ● Increase collaboration between entities and organizations to facilitate access to oral health care for residents. ● Increase integration between dental and medical systems and increase collaboration between dental and medical health professionals. ● Improve patients' oral health behavior and the way they value oral health care. ● One-third of pregnant women who rely on Medi-Cal accessed dental care services 	

	<p>during pregnancy compared to 52% who were privately insured.</p> <ul style="list-style-type: none"> ● Among Denti-Cal beneficiaries, children are more likely to utilize dental services than adults. 	
<p>Improve the residents' oral health literacy in Fresno County.</p>	<ul style="list-style-type: none"> ● Increase knowledge and awareness of available dental services by offering educational materials in multiple languages. ● Improve patients' oral health behavior and promote the value of oral health care. 	