

# Community Oral Health Improvement Plan

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2018 - 2022

Merced County  
DEPARTMENT OF PUBLIC HEALTH | 260 E 15TH STREET, MERCED CA 95341

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## Foreword

Through collaborative efforts with community partners, the Merced County Department of Public Health has developed the Merced County Oral Health Community Health Improvement Plan (OH-CHIP) which will serve as a blueprint for collective action to address oral health for all county residents.

Oral health influences every aspect of our lives but is often overlooked. Health and wellness cannot be realized through medical care alone. Quality, accessible medical care is an important component of a healthy community, but is not the only aspect of wellness. To build the framework for oral health and therefore overall health, innovative and comprehensive strategies must be undertaken.

The OH - CHIP is meant to support a variety of actions by a wide range of partners. With a focus on policy, systems, and environmental strategies, the work plan's intent is to establish and strengthen factors that influence health and wellness in our community. The OH-CHIP reflects the engagement and efforts of many community residents and organizational partners in their ongoing work to improve health and wellness for all Merced County residents. This work will continue to move us toward Merced: A Healthy Place for All.

## Acknowledgements

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## Executive Summary

Key findings from the Oral Health Community Health Assessment identified areas of opportunity for preventable oral health. The assessment revealed that of those sampled: 25% of kindergarteners had experienced decay; 18.6% of caregivers reported that the child (ages 0-5) had previously needed a filling or been diagnosed with tooth decay; and 28.8% of adults reported a cavity that need filling, and 41.7% of adults reported they had lost 1 to 5 teeth.

The assessment also indicated that when it comes to protective and risk factors only two cities in Merced County (City of Los Banos and City of Merced) reported fully fluoridated drinking water, and 31.8% of caregivers who responded to a survey reported they did not purchase fluoridated toothpaste. Correspondingly, caregivers also reported 57.4% of caregivers reported their child *sometimes* got juice or other sugary drinks in their bottle, and 40.5% responded they sometimes put their child to bed with a bottle, sippy cup and/or pacifier. Additionally, 43.4% of caregivers also they *sometimes* practiced gum health before bed.

The assessment also found that access to care and dental health services utilization are such that 66.2% of adults surveyed reported they had dental insurance, while 79.9% of caregivers reported that their child was covered by dental insurance. Despite this fact, 24.3% of adults reported that they did not have a usual source of care, and 27.1% of adults reported that there was a time in the past year that they needed care but could not get it.

With preventable oral health diseases contributing to overall health and well-being, the Merced County Department of Public Health, in conjunction with community partners from the Oral Health Advisory Committee, developed three key priority areas and goals to improve oral health in Merced County:

### **Priority Area 1: Oral Health Status**

**Goal:** Increase overall health in Merced County by addressing the early conditions that lead to poor oral health.

### **Priority Area 2: Access to Care and Utilization of Care**

**Goal:** All individuals in Merced County will have access to quality oral health care.

### **Priority Area 3: Modifiable Risk Factors**

**Goal:** Merced County will optimize the social and physical environments to support beneficial oral health habits in an effort to enhance the overall health of Merced County Residents.

Next steps include convening the Oral Health Advisory Committee to implement and monitor the goals of the Oral Health - Community Health Improvement Plan in order to toward Merced County: A Healthy Place for All.

## Introduction

The health of your mouth is integrally linked to your overall health. Recent research has shown that oral health plays a greater role for general health than previously thought.

Oral health can cause speech development problems in children, affect nutrition intake and quality of life in both children and adults.<sup>1-3</sup> In addition to the pain and disability it causes, poor oral health increases the chance of bacterial infections that could affect heart, brain, lung and other organs; and can lead to stroke, pneumonia, or other infection.<sup>4</sup> Periodontal disease (gum disease) is associated with cardiovascular disease and diabetes,<sup>5</sup> and the inflammation caused or exacerbated by periodontal disease is thought to also contribute to cognitive impairment.<sup>5,6</sup>

The most common oral diseases and conditions include tooth decay (cavities or caries), gum disease (periodontal disease, the beginning stage of which is commonly called gingivitis), and throat and mouth cancers.<sup>7</sup> Caries, in particular, are considered a chronic disease that is prevalent among both children and adults,<sup>7</sup> however they are preventable through actions like teeth brushing, regular fluoride application, sealing the molars of children before they experience decay on those teeth, reducing sugar intake, and regular preventative dental care.<sup>3</sup> The National Institute of Dental and Craniofacial Research (NIDCR) reports both untreated and treated caries have decreased in adults aged 20-64, but other disparities continue to exist in certain population groups.<sup>8</sup> Black and Hispanic adults, younger adults, and those with lower incomes and less education have more untreated decay.<sup>8</sup>

Oral health is something that must be maintained throughout a person's life, and the social determinants of good oral health begin before birth.<sup>9,10</sup> During pregnancy a healthy diet and good oral hygiene by mothers help to prevent later childhood caries in their children.<sup>10</sup> Maintaining good oral hygiene throughout infancy by practicing gum care on infants, not putting infants to sleep with liquid other than water in their bottles, and keeping baby teeth healthy are crucial to not only preventing the pain of childhood caries (tooth decay) in young children, but for proper nutrition, speech development, and to ensure proper spacing of the adult teeth.<sup>11-13</sup> Once a child has their permanent teeth, maintaining good oral health through adulthood is crucial, as periodontal diseases (gum disease) and caries (tooth decay) can lead to tooth loss, which affects not only a person's quality of life, but the nutritional intake of older adults.<sup>2</sup> Among older adults,

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*Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions*

*However, oral diseases, from cavities to oral cancer, cause significant pain and disability for many Americans.*

Healthy People 2020<sup>14</sup>

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untreated caries (tooth decay) leads to more severe problems like tooth loss, the inability to chew/eat food, and high levels of pain.<sup>2</sup>



Oral health is important to overall health and must be maintained across the lifespan in order to improve the general health of the population.

## Background

### County Characteristics

Merced County is a rural county located in the San Joaquin Valley with an estimated population of 272,673 as of July 1, 2017.<sup>15</sup> There are significant disparities in the County, the median income is \$46,338, which is below the median income of California and the United States, and the poverty rate is 23%. Additionally, only 68.9% of the population has earned a high school degree or higher compared to 82.5% of the population in California (See Table I for a more thorough comparison of Merced County characteristics to California and the United States).<sup>15</sup>

Table I. Characteristics of Merced County, California, and the United States, 2017

Area	Merced County	California	United States
Total Population	272,673	39,536,653	325,719,178
Median Household Income	\$46,338	\$67,169	\$57,652
Persons in Poverty*	23.0%	13.30%	12.3%,
Percent Hispanic*	59.60%	39.10%	18.10%
Uninsured (under 65)*	8.40%	8.10%	10.20%
High school graduate or higher (ages 25+)	68.9%	82.5%	87.3%

Source: US Census Bureau Quick Facts<sup>15</sup>

\*Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Merced is a diverse county, with 59.6% of the population reporting being Hispanic/Latino, 8.0% Asian, and 27.7% non-Hispanic White.<sup>15</sup> A quarter (25.5%) of the population is foreign born, and 52.3% of persons ages 5 or older report speaking a language other than English at home. Merced County has a young population as almost a third (29.6%) of the population is under the age of 18.<sup>15</sup> Additionally, over 50% of the population is certified as eligible to receive Medi-Cal as of September 2015.<sup>16</sup>

### Oral Health Advisory Committee

The Merced County Local Oral Health Program (MCLOHP) is dedicated to protecting and improving the oral health and long-term wellbeing of community members. In order to better understand and meet the diverse needs of the community, an advisory committee (AC) consisting of 15 different member affiliations representing local partners, content experts, and key community stakeholders convenes on a quarterly basis to oversee the interventions and activities planned by the MCLOHP through the duration of the grant term ending in 2022. The AC has facilitated with access to and representation of underserved and vulnerable population groups within the community. The AC has provided general guidance for the needs assessment process, the development of the Community Oral Health Improvement Plan, and the overall evaluation of the project.

### Key Findings from Community Needs Assessment

Oral health contributes to overall well-being and self-esteem. Oral diseases, which are largely preventable, cause pain and disability for children and adults who do not have access to adequate oral health services. Untreated oral diseases also contribute to the high costs of care. Unhealthy habits, including tobacco use and sugar sweetened beverage consumption, can contribute to poor oral health.

The following findings are from a community-driven assessment process to identify oral health needs, risk and protective factors within Merced County. The Merced County Oral Health Advisory Committee guided the assessment process. The assessment included primary research gathered through 31 key informant interviews with stakeholders, dental professionals, and community based organizations, 313 surveys of caregivers to children 5 and younger, 1,329 surveys of Merced County residents, and 4 focus groups with underserved populations. Key findings from the assessment process, which highlight the county's strengths and challenges, include the following:

#### Prevalence of Oral Disease

- 25% of kindergarteners screened in Merced County in 2017 had experienced decay.
- 18.6% of caregivers reported that the child (ages 0-5) had previously needed a filling or been diagnosed with tooth decay.
- 28.8% of adults reported a cavity that need filling, and 41.7% of adults reported they had lost 1 to 5 teeth.

## Access to Care and Dental Services Utilization

- The majority of respondents reported insurance coverage - 66.2% of adults reported they had dental insurance, while 79.9% of caregivers reported that their child was covered by dental insurance
- Despite this fact, 24.3% of adults reported that they did not have a usual source of care, and 27.1% of adults reported that there was a time in the past year that they needed care but could not get it
- 28.4% of adult respondents had not visited the dentist in more than a year, with the top four reasons for not visiting a dentist being cost (27.1%), not liking to go to the dentist (23.6%), lack of insurance (19.2%), and that the individual did not perceive a problem with their teeth (15.2%).
- 34.5% of mothers taking the caregiver survey reported not visiting the dentist during their first trimester, in the 2015-16 Maternal and Infant Health Assessment only 27.8% of respondents reported visiting the dentist during pregnancy in Merced County.
- The rate of non-traumatic dental condition emergency department visits in Merced County is higher than the California rate.

## Protective Factors and Risk Factors

- Only two cities in Merced County (City of Los Banos and City of Merced) reported fully fluoridated drinking water, and 31.8% of caregivers reported they did not purchase fluoridated toothpaste
- Sugar sweetened beverage consumption by children is an issue as 57.4% of caregivers reported their child *sometimes* got juice or other sugary drinks in their bottle, and 40.5% responded they sometimes put their child to bed with a bottle, sippy cup and/or pacifier.
- Child gum care is not routinely practiced as 43.4% of caregivers reported they *sometimes* practiced gum health before bed.

## Vision and Guiding Principles

Much like many of department programs, the MCDPH utilized the Mobilizing for Action through Planning and Partnerships (MAPP) model as a communitywide strategic planning process for improving oral health. The MAPP framework helps communities prioritize public health issues, identify resources for addressing them, and takes action to improve conditions that support healthy living.

In alignment with the MAPP framework, the MCLOHP created a vision, mission, and value statement to clearly and concisely convey the purpose and direction of the program, as well as motivate team members of the AC to drive prioritized objectives forward.

During an early meeting of the AC group, members were asked to come up with and then vote for the vision, mission, and values statements. MCLOHP staff assisted in the process by describing and defining each type of statement and then providing possible examples for the MCLOHP. Then, going statement-by-statement, AC members brainstormed statements. All ideas were displayed to the entire group at all times to foster edits and new variations. At the end of the meeting when brainstorming was completed, each AC member and MCLOHP staff was given a sticker to vote on their favorite vision, mission, and values statement. The statement in each category that had the most votes were agreed upon and chosen as the statements for the MCLOHP.

## Overarching Goals, Objectives, and Strategies

### Development of Work Plan

Before priorities could be determined for the MCLOHP, the current landscape of oral health needs of Merced County residents needed to be assessed. A needs assessment process was started to gain this insight. The needs assessment process included an analysis of available secondary data from such sources as the California Health Interview Survey (CHIS), state law AB1433, California Cancer Registry, and Medi-Cal/Medicaid dental insurance usage reports, to name a few. The needs assessment also called for the collection of primary data with Merced County residents and

### Vision

Healthy smiles for everyone in Merced County

### Mission

Improve overall community health and well-being by increasing understanding of and access to oral health services in Merced County

### Values

- O** - Overall health
- R** - Respect
- A** - Access
- L** - Love and Care
  
- H** - High quality
- E** - Equity
- A** - All inclusive
- L** - Linguistically/culturally responsive
- T** - Trust
- H** - Holistic

stakeholders to gather more in-depth and current needs. A mixed-method approach, including the use of key informant interviews, focus groups, and surveys, was used to collect the information of interest. Data collection efforts by MCLOHP staff, with assistance from University of California, Merced researchers and students, produced:

- 31 key informant interviews with stakeholders, dental professionals, and community based organizations,
- 4 focus groups with underserved and vulnerable populations—Hmong, Punjabi, elderly, and Spanish-speaking immigrant group
- 313 surveys of caregivers to children 5 and younger, and
- 1,329 surveys of Merced County residents

All primary and secondary data was analyzed to determine the needs of the community (key findings from this analysis can be found in the background section of this document). From the analysis process, three themes, or priority areas, emerged. These priority areas were oral health status, access to care and utilization of care, and modifiable risk factors. Results were grouped by these three priority areas and presented to the AC members for consideration.

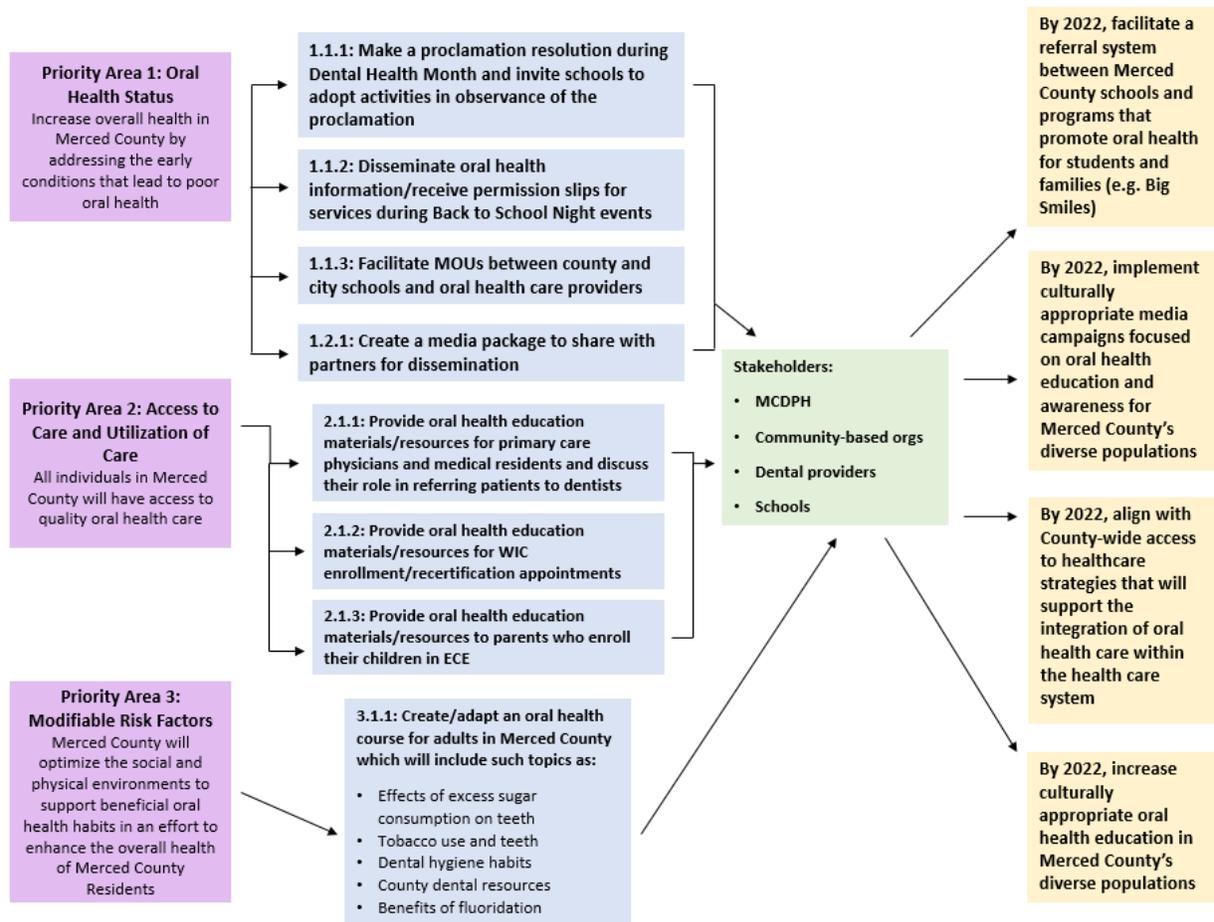
After AC members were thoroughly immersed in the results of the needs assessment and the three priority areas, they participated in a World Café where small groups of AC members brainstormed objectives to best address the oral health needs of the community as described by the data. All AC members brainstormed ideas for 30 minutes for each priority area. At the end of the brainstorming session, AC members were given three stickers, one for each priority area, to vote on what they felt was the most important objectives to achieve in order to address the needs of Merced County residents. The objective that had the most votes was prioritized for action. MCLOHP staff used the results of the World Café to write a draft of the work plan which included the overarching goals and detailed objectives. The drafted work plan was sent to AC members for edits and feedback.

Once all comments and suggestions were taken into consideration, another meeting with the AC was held to finalize the work plan and flesh out strategies and activities to achieve the objectives and the overall goals of the MCLOHP. Going objective by objective, AC members brainstormed strategies that will be needed to achieve the objectives as well as determine stakeholders that will assist for each objective, resources that will be needed, and the communication that would be needed to achieve stated objectives. MCLOHP staff used the results of this meeting to update the drafted work plan with more details. The updated work plan was sent to the AC member for edits.

The detailed work plan, see Appendix A, reflects over 9 months of dedicated work by MCLOHP staff and AC members to best address the needs identified by residents in Merced County. Another way to visualize the work plan is depicted in Figure 1, which shows the theory of change outlined by the work plan. The detailed work plan connects

the objectives with their corresponding overarching goal and priority area. The attached work plan in Appendix A also details strategies to achieve each objective, potential indicators to measure the success or challenges of the objective, as well as the stakeholders, resources and communication needed to accomplish the work.

Figure 1. Theory of Change: Merced County Local Oral Health Program



### Priority Areas and Overarching Goals

The MCLOHP will focus on three priority areas as it moves forward with interventions and activities. These three priority areas, with their corresponding goal, are as follows:

#### Priority Area 1: Oral Health Status

**Goal:** Increase overall health in Merced County by addressing the early conditions that lead to poor oral health.

#### Priority Area 2: Access to Care and Utilization of Care

**Goal:** All individuals in Merced County will have access to quality oral health care.

#### Priority Area 3: Modifiable Risk Factors

**Goal:** Merced County will optimize the social and physical environments to support beneficial oral health habits in an effort to enhance the overall health of Merced County Residents.

### Five-Year SMART Objectives

To accomplish the overarching goals of the MCLOHP, interventions and activities will be guided by four objectives. The four objectives are as follows:

**Objective 1.1:** By 2022, facilitate a referral system between Merced County schools and programs that promote oral health for students and families (e.g., Big Smiles).

**Objective 1.2:** By 2022, implement culturally appropriate media campaigns focused on oral health education and awareness for Merced County's diverse populations.

**Objective 2.1:** By 2022, align with countywide access to healthcare strategies that will support the integration of oral health care within the health care system.

**Objective 3.1:** By 2022, increase culturally appropriate oral health education in Merced County's diverse populations.

### Strategies and Activities

To accomplish the overarching goals of the MCLOHP, the objectives are further broken down to describe more strategic work that will place in the county. The strategies to achieve the stated objectives, and ultimately the overarching goals of the MCLOHP, are as follows:

**Strategy 1.1.1:** Make a proclamation resolution during Dental Health Month and invite schools to adopt activities in observance of the proclamation.

**Strategy 1.1.2:** Disseminate oral health information/receive permission slips for services during Back to School Night events.

**Strategy 1.1.3:** Facilitate MOUs between county and city schools and oral health care providers.

**Strategy 1.2.1:** Create a media package to share with partners for dissemination.

**Strategy 2.1.1:** Provide oral health education materials/resources for primary care physicians and medical residents and discuss their role in referring patients to dentists.

**Strategy 2.1.2:** Provide oral health education materials/resources for WIC enrollment/recertification appointments.

**Strategy 2.1.3:** Provide oral health education materials/resources to parents who enroll their children in Early Childhood Education.

**Strategy 3.1.1:** Create/adapt an oral health course for adults in Merced County that will include such topics as the effects of sugar consumption and tobacco use on teeth, dental hygiene habits, benefits of fluoridation, and county dental resources.

## Work Plan Implementation

A detailed plan of action to achieve the stated objectives and the overarching goals of the MCLOHP was created in part through brainstorming sessions with AC members. The plan of action (see Appendix B) details the steps that will be taken to achieve each strategy described in the work plan as well as who will accomplish the steps, the timeline for completion of each step, the resources available and required, the potential barriers, and the communication plan to inform individuals about the actions.

## Priorities for Action

In order to move work forward the AC has prioritized actions based on the timelines seen in Appendix B. All CHIP priorities align with California Department of Public Health workplan objectives and will be implemented simultaneously.

## Evaluation

An evaluation plan is an important component of any successful program. Evaluation results can be used for program improvement, decision making, and to check that the overarching goals of the program are being met. The objectives of the OH-CHIP, with their associated strategies and activities, will go through a yearly process and outcome evaluation. The process evaluation will assess what the program consists of and whether or not the program is being delivered as intended and the outcome evaluation will be used to assess the impact of the program and measure the effect of the program on the Merced County community. The work plan will be updated and edited to best achieve the goals of the MCLOHP as evaluation data become available.

The detailed evaluation plan in Appendix C details: the evaluation questions for each stated objective, the indicators needed to answer the question, the data source and frequency of collection, the evaluation method, staff responsible for data collection efforts, the analysis methods, and the staff responsible for data analysis.

## References

1. Center for Disease Control and Prevention. At A Glance 2016 Oral Health Working to Improve Oral Health for All Americans. <https://www.cdc.gov/chronicdisease/pdf/aag-oral-health.pdf>. Accessed November 4, 2018.
2. Bhaskara S, CE B. A Healthy Smile Never Gets Old: A California Report on the Oral Health of Older Adults. Center for Oral Health; 2018. <https://centerfororalhealth.org/wp-content/uploads/2018/03/Oral-Health-of-Older-Adults.pdf>. Accessed November 6, 2018.
3. Mayo Clinic. Cavities/tooth decay. <https://www.mayoclinic.org/diseases-conditions/cavities/symptoms-causes/syc-20352892>. Accessed November 4, 2018.

4. U. S. Department of Health, Human Services Oral Health Coordinating C. Oral Health Strategic Framework, 2014-2017. *Public Health Rep.* 2017;131(2):242-257.
5. Badran Z, Struillou X, Verner C, et al. Periodontitis as a risk factor for systemic disease: Are microparticles the missing link? *Med Hypotheses.* 2015;84(6):555-556.
6. Noble JM, Borrell LN, Papapanou PN, Elkind MS, Scarmeas N, Wright CB. Periodontitis is associated with cognitive impairment among older adults: analysis of NHANES-III. *J Neurol Neurosurg Psychiatry.* 2009;80(11):1206-1211.
7. Center for Disease Control and Prevention. Oral Health Conditions. <https://www.cdc.gov/oralhealth/conditions/index.html>. Accessed November 4, 2018.
8. National Institute of Dental and Craniofacial Research. Dental Caries (Tooth Decay) in Adults (Age 20 to 64). <https://www.nidcr.nih.gov/research/data-statistics/dental-caries/adults#table1>. Accessed November 4, 2018.
9. Lucile Packard Children's Hospital Stanford. Anatomy and Development of the Mouth and Teeth. <https://www.stanfordchildrens.org/en/topic/default?id=anatomy-and-development-of-the-mouth-and-teeth-90-P01872&rct>. Accessed November 4, 2018.
10. World Health Organization Regional Office for Europe. Oral health and the life-course. <http://www.euro.who.int/en/health-topics/disease-prevention/oral-health/policy/oral-health-and-the-life-course>. Accessed October 4, 2018.
11. American Dental Association. Your Baby's First Dental Visit. <https://www.mouthhealthy.org/en/babies-and-kids/first-dental-visit>. Accessed November 4, 2018.
12. WebMD.com. Dental Health and Your Child's Teeth. <https://www.webmd.com/oral-health/guide/dental-health-your-childs-teeth#2>. Accessed November 4, 2018.
13. American Dental Association. Baby Bottle Tooth Decay. <https://www.mouthhealthy.org/en/az-topics/b/baby-bottle-tooth-decay>. Accessed November 4, 2018.
14. Office of Disease Prevention and Health Promotion. Oral Health. <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>. Accessed November 4, 2018.
15. United States Census Bureau. Quick Facts Merced County, California, United States. <https://www.census.gov/quickfacts/fact/table/mercedcountycalifornia,ca,US/PST045218>. Accessed January 30, 2019.
16. DHCS. Medi-CAL Quick Stats. [https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal\\_Penetration\\_Brief\\_ADA.PDF](https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal_Penetration_Brief_ADA.PDF). Accessed January 30, 2019.

# Appendices

## Appendix A: Merced County Community Oral Health Improvement Plan Work Plan 2018 - 2022

<b>Priority Area 1: Oral Health Status</b> Goal: Increase overall health in Merced County by addressing the early conditions that lead to poor oral health		
Objective 1.1.: By 2022, facilitate a referral system between Merced County schools and programs that promote oral health for students and families (e.g. Big Smiles)		
<i>Strategies</i>	<i>Potential Indicators</i>	<i>Stakeholders</i>
1.1.1: Make a proclamation resolution during Dental Health Month and invite schools to adopt activities in observance of the proclamation	<ul style="list-style-type: none"> <li>• Number/type of proclamation</li> <li>• Number of schools implementing activities in observance to the proclamation</li> </ul>	Healthy House; Merced County Office of Education (MCOE); Merced City Schools; Merced County Superintendent of Schools; School Administrators; School Boards
1.1.2: Disseminate oral health information/receive permission slips for services during Back to School Night events	<ul style="list-style-type: none"> <li>• Number of events</li> <li>• Number of informational packets disbursed</li> <li>• Number of permission slips received</li> </ul>	Big Smiles; Merced County Oral Health Program staff; UC Merced students, e.g., the Pre-Dental Club; Healthy House
1.1.3: Facilitate MOUs between county and city schools and oral health care providers	<ul style="list-style-type: none"> <li>• Number of schools contacted</li> <li>• Number of school-based oral health care providers contacted</li> <li>• Number of meetings</li> <li>• Number of MOUs created</li> </ul>	Healthy House; Oral Health Program staff; MCOE; County Oral Health Care Providers, e.g., Golden Valley Health Centers (GVHC);
<b>Resources (What resources—i.e. money, staff—are needed to carry out the change?)</b> Money, educational toolkit, volunteer network (maybe another strategy). Budget for translation/cultural tailoring; sample MOUs; school packet with promotional materials (behavioral modification items); templates for the proclamation; identify a champion in the school board; budget for training; staff.		
<b>Communication (Who should know what?)</b> Community: Needs to understand the oral health needs of the community and the importance of oral health to overall health. School Administrators: How school-based dental clinics work; local dental providers resources; the Oral Health Program work plan and support; local examples of school-based clinics		

Objective 1.2: By 2022, implement culturally appropriate media campaigns focused on oral health education and awareness for Merced County's diverse populations		
<i>Strategies</i>	<i>Potential Indicators</i>	<i>Stakeholders</i>
1.2.1: Create a media package to share with partners for dissemination	<ul style="list-style-type: none"> <li>• Number of website visits</li> <li>• Number of partners media campaign shared with</li> <li>• Number of posts/websites with media campaign information</li> </ul>	Healthy House; California Health Collaborative (CHC); UC Merced students; Merced County Oral Health Program staff; Merced County Oral Health Advisory Committee members; Denti-Cal; Central California Alliance for Health (CAAH)
Resources (What resources—i.e. money, staff—are needed to carry out the change?) Money, staff, software, training, translations, sample oral health media packages from the state and national campaigns; input from community members, the Merced County Oral Health Advisory Committee, and the California Oral Health Program		
Communication (Who should know what?) Community: The Oral Health needs in Merced County. Dental providers and resources in the county. Denti-Cal options; Translated dental health information into Spanish, Hmong, and Punjabi Dental Providers: How they can help needy clients in the county; Translation services in the county, Join the Merced County Oral Health Advisory Committee; How to accept Denti-Cal clients; Success Stories from providers that accept Dent-Cal clients.		

<b>Priority Area 2: Access to Care and Utilization of Care</b>		
Goal: All individuals in Merced County will have access to quality oral health care		
Objective 2.1: By 2022, align with County-wide access to healthcare strategies that will support the integration of oral health care within the health care system		
<i>Strategies</i>	<i>Potential Indicators</i>	<i>Stakeholders</i>
2.1.1: Provide oral health education materials/resources for primary care physicians and medical residents and discuss their role in referring patients to dentists	<ul style="list-style-type: none"> <li>• Number of informational packets disbursed</li> <li>• Number of trainings/meetings with PCPs/medical residents</li> <li>• Number of champions recruited</li> <li>• Number of successful referrals</li> </ul>	Healthy House, GVHC, California Oral Health Program; the Yosemite Dental Health Society; Merced County Dental Health Program staff
2.1.2: Provide oral health education materials/resources for WIC enrollment/recertification appointments	<ul style="list-style-type: none"> <li>• Number of informational packets disbursed</li> <li>• Number of trainings/meetings with WIC staff</li> <li>• Number of successful referrals</li> </ul>	WIC; Healthy House; Merced County Oral Health Program staff
2.1.3: Provide oral health education materials/resources to parents who enroll their children in ECE	<ul style="list-style-type: none"> <li>• Number of informational packets disbursed</li> <li>• Number of trainings/meetings with ECE staff</li> <li>• Number of successful referrals</li> <li>• Number of champions recruited</li> </ul>	Healthy House; GVHC, California Oral Health Program; the Yosemite Dental Health Society; Merced County Dental Health Program staff; MCOE
Resources (What resources—i.e. money, staff—are needed to carry out the change?) Money, staff, software, training, translations, dental provider lists; sample printed materials from other Oral Health Programs in the state and nationally		
Communication (Who should know what?) Community: The Oral Health needs in Merced County. Dental providers and resources in the county. Denti-Cal options; Translated dental health information into Spanish, Hmong, and Punjabi Dental Providers: How they can help needy clients in the county; Translation services in the county, Join the Merced County Oral Health Advisory Committee; How to accept Denti-Cal clients; Success Stories from providers that accept Dent-Cal clients.		

**Priority Area 3: Modifiable Risk Factors**

Goal: Merced County will optimize the social and physical environments to support beneficial oral health habits in an effort to enhance the overall health of Merced County Residents

Objective 3.1: By 2022, increase culturally appropriate oral health education in Merced County’s diverse populations

<i>Strategies</i>	<i>Potential Indicators</i>	<i>Stakeholders</i>
3.1.1: Create/adapt an oral health course for adults in Merced County which will include such topics as: <ul style="list-style-type: none"> <li>• Effects of excess sugar consumption on teeth</li> <li>• Tobacco use and teeth</li> <li>• Dental hygiene habits</li> <li>• Benefits of fluoridation</li> <li>• County dental resources</li> </ul>	<ul style="list-style-type: none"> <li>• Number of classes held</li> <li>• Number of classes held in language other than English</li> <li>• Number of County locations classes were held</li> <li>• Number of class participants</li> <li>• Knowledge/awareness of oral health issues among class participants</li> </ul>	CHC; SNAP-ED; Environment Health; Dental providers; Merced County Water Board; Oral Health Program staff; the California Tobacco Control Program (CTCP); Milan Institute; WIC; the Yosemite Dental Society

Resources (What resources—i.e. money, staff—are needed to carry out the change?)  
 Input/resources from experts in sugar consumption, i.e., SNAP-ED, nutritionists, WIC; Input/resources from tobacco experts, e.g., CHC – Merced County Tobacco Program (MCTCP) and CTCP; Input/resources from experts in dental hygiene, e.g., Milan Institute, local dental providers; the Yosemite Dental Society; Input/resources from experts in fluoridation; e.g., Environmental Health, Merced County Water Board. Research curricula from credible educational sources on the internet, e.g., CDC, California Department of Public Health, etc.

Communication (Who should know what?)  
 Community: Sugar in your diet; the effect of sugar on teeth; tobacco use and teeth; good oral hygiene habits; benefits of fluoridation; dental health resources  
 Dental Professionals: What they can do the help the oral Health needs of Merced County

Appendix B: Action plan to achieve MCLOHP strategies

Strategy 1.1.1: Make a proclamation resolution during Dental Health Month and invite schools to adopt activities in observance of the proclamation						
Action Steps	By Whom	By When	Resources and Support Available/Needed		Potential Barriers or Resistance	Communication Plan for Implementation
What needs to be done?	Who will take actions?	By what date will the action be done?	Resources available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
<b>Step 1:</b> Contact the local Board of Supervisors (BOS) office to determine how proclamations are issued and the timeline.	MCLOHP staff	March 2019	Telephone, computer, internet and email access	Support from the public health department administration, Oral Health AC members, MCLOHP staff time to call and get information	Public health department administration or the BOS	Public health department administration, Oral Health AC members, MCLOHP staff, local dental providers, the Yosemite Dental Society, community health clinics
<b>Step 2:</b> Identify a BOS member to sponsor the proclamation.	MCLOHP staff	March 2019	Telephone, computer, internet and email access	Support from the public health department administration, Oral Health AC members input/contact information, MCLOHP staff time to research BOS members' interests/	Public health department administration or the BOS members	Public health department administration, Oral Health AC members, MCLOHP staff, local dental providers, the Yosemite Dental Society, community medical clinics

				backgrounds to identify most likely sponsor		
<b>Step 3:</b> Draft a proclamation, prepare a packet of information for the BOS, and materials for distribution to the community.	MCLOHP staff	March 2019	Telephone, computer, internet, email, software, printer, funds for purchasing folders, paper, printing the materials, a proclamation template, a flash drive to store a slide presentation, a list of targeted supportive community groups to include for distribute of proclamation information	Support from the public health department administration, Oral Health AC members input/contact information, MCLOHP staff contacts in the community, BOS, local city decision makers, the dental community in the county, the Yosemite Dental Society, medical clinics in the county	Public health department administration or the BOS members	Support from the public health department administration, Oral Health AC members input/contact information, MCLOHP staff contacts in the community, BOS, local city decision makers, the dental community in the county, the Yosemite Dental Society, medical clinics in the county, school districts, school boards, and school administrators
<b>Step 4:</b> Call to ask the BOS member for support of	MCLOHP staff	April 2019	Staff time, telephone	Support from the public health department administration,	No BOS Sponsor	Public health department administration, Oral Health AC members, MCLOHP staff, and BOS

the proclamation.				Oral Health AC members, MCLOHP staff time; BOS sponsor		
<b>Step 5:</b> Work with the BOS sponsor to determine a schedule for approving the proclamation.	MCLOHP staff	January 2020	MCLOHP staff to follow-up with sponsor throughout the process to make sure proclamation process is on track.	Support from the public health department administration, Oral Health AC members, MCLOHP staff time; BOS sponsor	BOS resistance or timeline delays due to BOS unavailability or scheduling conflicts	Public health department administration, Oral Health AC members, MCLOHP staff, BOS, school districts, school boards, and school administrators
<b>Step 6:</b> Gather Letters of Support (LOS) for the proclamation. Present to BOS if needed.	MCLOHP staff	January 2020	Community contacts from Oral Health AC members, MCLOHP staff time and contacts, public health department administration, LOS templates	Telephone, computer, internet, email, software, printer, paper, flash drive to store the slide presentation, list of targeted supportive community groups to ask to submit a LOS	Targeted groups asked to submit LOS	Public health department administration, Oral Health AC members, MCLOHP staff, BOS, school districts, school boards, and school administrators
<b>Step 7:</b> Signing of the proclamation.	MCLOHP staff	January 2020	MCLOHP staff time	The finalized proclamation document, a	BOS or public health department administration	BOS, the public health department administration, Oral Health AC members,

			and BOS time	pen, BOS, public health department administration, media coverage, Oral Health AC members, and other interested community members		MCLOHP staff, BOS, local city decision makers, the dental community in the county, the Yosemite Dental Society, medical clinics in the county, media outlets in the county, school districts, school boards, and school administrators
<b>Step 8:</b> Promote the proclamation in the county.	MCLOHP staff	February 2020	Public health department media contact list	Support from: BOS, public health department administration, media outlets, local city decision makers, the dental community in the county, the Yosemite Dental Society, medical clinics in the county, media outlets in the county, school districts, school boards, and school administrators	Busy news day and story not covered in a timely matter by news outlets in the county or disinterest from media outlets to cover this story	The public health department administration, Oral Health AC members, MCLOHP staff, BOS, local city decision makers, the dental community in the county, the Yosemite Dental Society, medical clinics in the county, media outlets in the county, school boards, and school administrators

Strategy 1.1.2: Disseminate oral health information/receive permission slips for services during Back to School Night events						
Action Steps	By Whom	By When	Resources and Support Available/Needed		Potential Barriers or Resistance	Communication Plan for Implementation
What needs to be done?	Who will take actions?	By what date will the action be done?	Resources available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
<b>Step 1:</b> Work with school administrators (with signed MOUs with a dental provider to participate in a school-based dental program) to schedule educational presentations to parents at Back to School Night events.	MCLOHP staff	August 2019	State oral health program, permission slips from dental vendors and schools	School administrators, school superintendent, Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents	Parents	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents
<b>Step 2:</b> Develop/adapt oral health fact sheets and information for parents	MCLOHP staff	August 2019	State and national oral health resources	MCLOHP staff, dental providers, the public health department administration, Oral Health AC members	School administrators or dental providers	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents

and teachers for distribution on Back to School Night events.						
<b>Step 3:</b> Develop/adapt permission slips (with input from school and dental vendor) to distribute and be signed by parents at Back to School Night events.	MCLOHP staff	August 2019	Permission slips from dental vendors and schools	MCLOHP staff, dental providers, the public health department administration, Oral Health AC members, parents	School administration or dental providers	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators
<b>Step 4:</b> Turn in the signed permission slips to school administrators	MCLOHP staff	August 2019	Permission slips from dental vendors and schools	School administration, dental providers, or parents	School administration, dental providers, or parents	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators

Strategy 1.1.3: Facilitate MOUs between county and city schools and oral health care providers						
Action Steps	By Whom	By When	Resources and Support Available/Needed		Potential Barriers or Resistance	Communication Plan for Implementation
What needs to be done?	Who will take actions?	By what date will the action be done?	Resources available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
<b>Step 1:</b> Contact city and county school superintendents/ administrators to inform them of the MCLOHP and gauge their interest in participating.	MCLOHP staff	March 2019	Contact information for superintendents and school administrators, telephone, email access	School administrators, MCLOHP staff	School administrators	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators
<b>Step 2:</b> Contact dental providers and mobile dental vendors working in Merced County to get list of services available to K – 12 students.	MCLOHP staff	April 2019	Dental providers contact list	School administrators, MCLOHP staff	Dental providers	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators

<b>Step 3:</b> Adapt/develop oral health educational packets for interested school administrators to inform them of the program and dental provider options for their students.	MCLOHP staff	May 2019	Oral health educational materials, resources from the state and national oral health programs	MCLOHP staff time, state and national oral health resources, support from dental providers and Yosemite Dental Society	Dental providers	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators
<b>Step 4:</b> Work with dental providers to draft an MOU between the providers and each school or district.	MCLOHP staff	June 2019	MOU templates	MCLOHP staff time, state and national oral health resources	School administrators and dental providers	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators
<b>Step 5:</b> Make presentations as needed to school boards and/or school groups.	MCLOHP staff	July 2019	Oral health presentation of MCLOHP	School administrators and MCLOHP staff	School administrators	MCLOHP staff and school administrators
<b>Step 6:</b> Facilitate the signing of the MOU	MCLOHP staff	July 2019	Signed MOUs	MCLOHP staff and school administrators	School administrators and dental providers	Dental providers, the public health department administration, Oral Health AC members, MCLOHP

between the dental providers and the school or district.						staff, parents, school administrators
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Strategy 1.2.1: Create a media package to share with partners for dissemination

<b>Action Steps</b>	<b>By Whom</b>	<b>By When</b>	<b>Resources and Support Available/Needed</b>		<b>Potential Barriers or Resistance</b>	<b>Communication Plan for Implementation</b>
What needs to be done?	Who will take actions?	By what date will the action be done?	Resources available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
<b>Step 1:</b> Gather oral health information and statistics resources from credible local, state, and national dental health sources.	MCLOHP staff	November 2019	Computers, oral health statistics, sample media packages from state and national programs	Money, MCLOHP staff, Oral Health AC members, translation services	Public health administrators	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators
<b>Step 2:</b> Enlist assistance with layout, formatting, and website design from experienced media experts,	MCLOHP staff	December 2019	Computers, oral health statistics, sample media packages from state and national programs	Experienced media experts, public health interns, and university/college student media groups.	Experienced media experts, public health interns, and university/college student media groups.	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators

public health interns, and university/college student media groups.						
<b>Step 3:</b> Develop/adapt printed materials and website pages.	MCLOHP staff	June 2020	Computers, oral health statistics, sample media packages from state and national programs	Experienced media experts, public health interns, and university/college student media groups.	Experienced media experts, public health interns, and university/college student media groups.	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators
<b>Step 4:</b> Disseminate and promote the printed media and the program website.	MCLOHP staff	December 2020	Computers, oral health statistics, sample media packages from state and national programs	Experienced media experts, public health interns, and university/college student media groups.	Experienced media experts, public health interns, and university/college student media groups.	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators, and community members

Strategy 2.1.1: Provide oral health education materials/resources for primary care physicians and medical residents and discuss their role in referring patients to dentists

Action Steps	By Whom	By When	Resources and Support Available/Needed		Potential Barriers or Resistance	Communication Plan for Implementation
What needs to be done?	Who will take actions?	By what date will the action be done?	Resources available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
<p><b>Step 1:</b> Gather oral health information and statistics resources from credible local, state, and national dental health sources.</p>	<p>MCLOH P staff</p>	<p>June 2019</p>	<p>Computers, oral health statistics, sample media packages from state and national programs</p>	<p>Experienced media experts, public health interns, and university/college student media groups.</p>	<p>Experienced media experts, public health interns, and university/college student media groups.</p>	<p>Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators, and community members</p>
<p><b>Step 2:</b> Contact primary care physicians and medical resident programs to schedule meetings/presentations.</p>	<p>MCLOH P staff</p>	<p>October 2019</p>	<p>Computers, oral health statistics, sample media packages from state and national programs</p>	<p>Experienced media experts, public health interns, and university/college student media groups.</p>	<p>Primary care physicians.</p>	<p>Central California Alliance, dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators, and community members</p>

<p><b>Step 3:</b> Make oral health educational packets for distribution to primary care physicians and medical residents during presentations or for general distribution.</p>	<p>MCLOH P staff</p>	<p>November 2019</p>	<p>Computers, oral health statistics, sample media packages from state and national programs</p>	<p>Experienced media experts, public health interns, and university/college student media groups</p>	<p>Primary care physicians.</p>	<p>Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators, and community members.</p>
<p><b>Step 4:</b> Follow-up after distributing packets to inquire if any further assistance or information is needed.</p>	<p>MCLOH P staff</p>	<p>January 2020</p>	<p>Computers, oral health statistics, sample media packages from state and national programs</p>	<p>Experienced media experts, public health interns, and university/college student media groups.</p>	<p>N/A</p>	<p>Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators, and community members</p>

Strategy 2.1.2: Provide oral health education materials/resources for WIC enrollment/recertification appointments						
Action Steps	By Whom	By When	Resources and Support Available/Needed		Potential Barriers or Resistance	Communication Plan for Implementation
What needs to be done?	Who will take actions?	By what date will the action be done?	Resources available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
<b>Step 1:</b> Contact WIC administration to discuss providing oral health educational materials/resources to WIC clients.	MCLOHP staff	March 2019	MCLOHP staff and WIC staff on AC committee	Oral health education materials vetted by CDPH	None	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators, and community members
<b>Step 2:</b> Adapt oral health materials for the WIC clients.	MCLOHP staff	June 2019	MCLOHP staff and WIC staff on AC committee	Oral health education materials vetted by CDPH	None	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators, and community members
<b>Step 3:</b> Schedule brief presentations to clients during WIC	MCLOHP staff	October 2019	MCLOHP staff and WIC staff on AC committee	Oral health education materials vetted by CDPH	WIC staff may not have time allotted for presentations	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators, and community members

classes if possible.						
<b>Step 4:</b> Provide oral health materials/resources to WIC administration for distribution to WIC clients.	MCLOHP staff	June 2020	MCLOHP staff and WIC staff on AC committee	Oral health education materials vetted by CDPH	None	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators, and community members

Strategy 2.1.3: Provide oral health education materials/resources to parents who enroll their children in Early Childhood Education						
Action Steps	By Whom	By When	Resources and Support Available/Needed		Potential Barriers or Resistance	Communication Plan for Implementation
What needs to be done?	Who will take actions?	By what date will the action be done?	Resources available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
<b>Step 1:</b> Contact the Merced Office of Education ECE to discuss the MCLOHP and discuss dental health needs of young children.	MCLOH P staff	March 2019	Staffing time, phones	Contact at MCOE staff	May not be able to engage MCOE ECE staff	Oral Health AC members, MCLOHP staff,
<b>Step 2:</b> Develop/adapt oral health educational materials for parents of young children.	MCLOH P staff	June 2019	Staff time, pictochart, Microsoft publisher, computer	CDPH vetted educational materials	None	Oral Health AC members, MCLOHP staff,
<b>Step 3:</b> Present oral	MCLOH P staff	September 2019	Staff time	None	None	Oral Health AC members, MCLOHP staff,

health best practices to parents of young children enrolled in ECE.						
<b>Step 4:</b> Distribute oral health materials to school administrators.	MCLOH P staff	September 2019	Staff time	Materials to be distributed	Lack of engagement from school administrators	Oral Health AC members, MCLOHP staff,

Strategy 3.1.1: Create/adapt an oral health course for adults in Merced County that will include such topics as the effects of sugar consumption and tobacco use on teeth, dental hygiene habits, benefits of fluoridation, and county dental resources						
Action Steps	By Whom	By When	Resources and Support Available/Needed		Potential Barriers or Resistance	Communication Plan for Implementation
What needs to be done?	Who will take actions?	By what date will the action be done?	Resources available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
<b>Step 1:</b> Develop/adapt materials for adults on the effects of excess sugar on teeth.	MCLOHP staff	October 2019	Staff time, computers, Microsoft Office Suite	Content expertise/technical assistance with content	None	Oral Health AC members, MCLOHP staff,
<b>Step 2:</b> Develop/adapt materials for adults on tobacco use and teeth.	MCLOHP staff	October 2019	Staff time, computers, Microsoft Office Suite	Content expertise/technical assistance with content	None	Oral Health AC members, MCLOHP staff
<b>Step 3:</b> Develop/adapt materials for adults on recommended dental hygiene habits.	MCLOHP staff	November 2019	Staff time, computers, Microsoft Office Suite	Content expertise/technical assistance with content	None	Oral Health AC members, MCLOHP staff

<b>Step 4:</b> Develop/adapt materials for adults on the benefits of fluoridation.	MCLOH P staff	January 2019	Staff time, computers, Microsoft Office Suite	Content expertise/technical assistance with content	None	Oral Health AC members, MCLOHP staff,
<b>Step 5:</b> Develop/adapt materials for adults on available county dental resources and Dental benefits.	MCLOH P staff	March 2020	Staff time, computers, Microsoft Office Suite	Content expertise/technical assistance with content	None	Oral Health AC members, MCLOHP staff
<b>Step 6:</b> Combine these subject areas into a course for adults.	MCLOH P staff	March 2020	Staff time, computers, Microsoft Office Suite	Content expertise/technical assistance with content	None	Oral Health AC members, MCLOHP staff
<b>Step 7:</b> Promote this course to the community through the MCLOHP	MCLOH P staff	June 2022	Staff time, fees for tabling	Additional social media presence	County policies that only allow for Facebook and not other social media platforms	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators, and community members

website, media outlets, local coalitions, and community meetings.						
<b>Step 8:</b> Deliver course and train CHW network to deliver course.	MCLOH P staff	June 2022	Staff time, fees for tabling,	Additional social media presence	County policies that only allow for Facebook and not other social media platforms	Dental providers, the public health department administration, Oral Health AC members, MCLOHP staff, parents, school administrators, and community members
<b>Step 9:</b> Train CHW network to deliver course.	MCLOH P staff	June 2022	Staff time, Behavior Modification Materials, training/printing materials	Access to CHW network	CHW network may already have established curriculum	CHW network, Oral Health AC members, MCLOHP staff, MCDPH staff

## Appendix C: Evaluation plan for the MCLOHP objectives

Activity Number	Evaluation Question	Indicator or Performance Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Data Collection	Analysis Method with Standard of Comparison	Staff Responsible for Data Analysis
1.1.1	Has the MCLOHP made a proclamation for Dental Health Month?	<ul style="list-style-type: none"> <li>Number/type of proclamation</li> <li>Number of schools implementing activities in observance to the proclamation</li> </ul>	Data sources: <ul style="list-style-type: none"> <li>Board meeting minutes</li> <li>Tracking sheets/communication with schools</li> <li>Interviews</li> </ul> Data will be collected quarterly	Hybrid methods including quantitative data analysis collected through document review and qualitative data analysis collected through in-person interviews	MCLOHP staff	Quantitative <ul style="list-style-type: none"> <li>Number of proclamations and number of schools implementing activities increase/decrease over time</li> </ul> Qualitative <ul style="list-style-type: none"> <li>Interviews with school staff highlighting activities that occurred</li> </ul>	MCLOHP evaluation team
1.1.2	Has the MCLOHP participated in back to school night events to disseminate information and receive permission slips for services?	<ul style="list-style-type: none"> <li>Number of events</li> <li>Number of informational packets disbursed</li> <li>Number of permission slips received</li> </ul>	Data sources: <ul style="list-style-type: none"> <li>Tracking sheets</li> </ul> Data will be collected after during each event and analyzed quarterly	Quantitative analysis methods with data collected through document review	MCLOHP staff	Count of events, informational packets distributed, and permission slips received increase/decrease over time	MCLOHP evaluation team
1.1.3	Has the MCLOHP facilitated in the development of MOUs between Merced County schools and school based oral health care providers?	<ul style="list-style-type: none"> <li>Number of schools contacted</li> <li>Number of school-based oral health care providers contacted</li> <li>Number of meetings</li> </ul>	Data sources: <ul style="list-style-type: none"> <li>Tracking sheets</li> <li>Sign-in sheets</li> </ul> Data will be collected quarterly	Quantitative analysis methods with data collected through document review	MCLOHP staff	Count of schools contacted, school based oral health care providers contacted, meetings held, and MOUs created increase/decrease over time	MCLOHP evaluation team

		<ul style="list-style-type: none"> <li>• Number of MOUs created</li> </ul>					
1.2.1	Has the MCLOHP developed a media campaign?	<ul style="list-style-type: none"> <li>• Number of website visits</li> <li>• Number of partners media campaign shared with</li> <li>• Number of posts/websites with media campaign information</li> </ul>	<p>Data sources:</p> <ul style="list-style-type: none"> <li>• Website traffic information</li> <li>• Tracking sheets</li> </ul> <p>Data will be collected quarterly</p>	Quantitative analysis methods with data collected through website and document review	MCLOHP staff	Count of website traffic, count of partners who received media package, count of posts made by partners who received media package increase/decrease over time	MCLOHP evaluation team
2.1.1	Has the MCLOHP provided oral health education materials/resources for primary care physicians and medical residents educating about their role in referring patients to dentists?	<ul style="list-style-type: none"> <li>• Number of informational packets disbursed</li> <li>• Number of trainings/meetings with PCPs/medical residents</li> <li>• Number of champions recruited</li> <li>• Number of successful referrals</li> </ul>	<p>Data sources:</p> <ul style="list-style-type: none"> <li>• Informational packets/resources tracking log</li> <li>• Sign-in sheets</li> <li>• Interviews</li> </ul> <p>Data will be collected quarterly</p>	Hybrid methods including quantitative data analysis collected through document review and qualitative data analysis collected through in-person interviews	MCLOHP staff	<p>Quantitative</p> <ul style="list-style-type: none"> <li>• Count of informational packets, meetings/trainings, champions recruited increase/decrease over time</li> </ul> <p>Qualitative</p> <ul style="list-style-type: none"> <li>• Success stories</li> <li>• Interviews with champions assessing impact over time</li> </ul>	MCLOHP evaluation team
2.1.2	Has the MCLOHP provided oral health education materials/resources for WIC enrollment/recertification appointments?	<ul style="list-style-type: none"> <li>• Number of informational packets disbursed</li> <li>• Number of trainings/meetings with WIC staff</li> <li>• Number of successful referrals</li> </ul>	<p>Data sources:</p> <ul style="list-style-type: none"> <li>• Tracking sheets</li> <li>• Sign-in sheets</li> <li>• Interviews</li> </ul> <p>Data will be collected quarterly</p>	Hybrid methods including quantitative data analysis collected through document review and qualitative data analysis collected through in-person interviews	MCLOHP staff	<p>Quantitative</p> <ul style="list-style-type: none"> <li>• Count of informational packets and number of trainings/meetings increase/decrease over time</li> </ul> <p>Qualitative</p>	MCLOHP evaluation team

						<ul style="list-style-type: none"> <li>• Success stories</li> <li>• Interviews with WIC staff assessing impact of informational packets and follow-up over time</li> </ul>	
2.1.3	Has the MCLOHP provided oral health education materials/resources to parents and staff at ECE events?	<ul style="list-style-type: none"> <li>• Number of informational packets disbursed</li> <li>• Number of trainings/meetings with ECE staff</li> <li>• Number of successful referrals</li> <li>• Number of champions recruited</li> </ul>	<p>Data sources:</p> <ul style="list-style-type: none"> <li>• Tracking sheets</li> <li>• Sign-in sheets</li> <li>• Interviews</li> </ul> <p>Data will be collected quarterly</p>	Hybrid methods including quantitative data analysis collected through document review and qualitative data analysis collected through in-person interviews	MCLOHP staff	<p>Quantitative</p> <ul style="list-style-type: none"> <li>• Count of informational packets and number of trainings/meetings increase/decrease over time</li> </ul> <p>Qualitative</p> <ul style="list-style-type: none"> <li>• Success stories</li> <li>• Interviews with ECE staff and recruited champions assessing impact at school functions</li> </ul>	MCLOHP evaluation team
3.1.1	Has the MCLOHP provided oral health education for Merced County community members?	<ul style="list-style-type: none"> <li>• Number of classes held</li> <li>• Number of classes held in language other than English</li> <li>• Number of County locations classes were held</li> </ul>	<p>Data Sources:</p> <ul style="list-style-type: none"> <li>• Class tracking sheets</li> <li>• Class sign-in sheets</li> <li>• Class pre/post survey</li> <li>• Interviews</li> </ul> <p>Data will be collected at each</p>	Hybrid methods including quantitative data collected through class tracking forms, sign-in sheets, and pre/post surveys and qualitative data collected through pre/post surveys and in-person interviews	MCLOHP staff	<p>Quantitative:</p> <ul style="list-style-type: none"> <li>• Class offerings increase/decrease over time</li> <li>• Class participant knowledge/a wareness increase/decrease over time</li> </ul>	MCLOHP evaluation team

		<ul style="list-style-type: none"><li>• Number of class participants</li><li>• Increase in knowledge/awareness of class participants</li></ul>	class offering and analyzed quarterly			Qualitative: Class participant ratings/knowledge of oral health after class	
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