



**Public Health
Local Oral Health Program**

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SAN BERNARDINO COUNTY

Advisory Committee - NOTES

February 24, 2026 – 11:30 a.m. – 1:30 p.m.

Vision: We envision a county where all individuals have opportunities and resources to achieve and maintain optimal oral health.

Mission: To facilitate and coordinate county-wide efforts to improve oral health knowledge, access, and utilization, thereby improving oral health outcomes.

<p>Meeting Agenda</p>	<ul style="list-style-type: none"> • National Children’s Dental Health Month • Education and Outreach Activities • School Oral Health Program • Review Planning Retreat and Task Force Results • Draft Action Plan Feedback and Input • Upcoming/Next Steps
<p>National Children’s Dental Health Month</p>	<p>National Children’s Dental Health Month – see attached slides</p> <ul style="list-style-type: none"> • 3rd Grade Drawing Contest – Three San Bernardino County School Districts participated in this pilot campaign: Apple Valley USD, Central USD, Ontario/Montclair USD. • DPH Screen Saver – running throughout the month of February in DPH offices • Little Me, Big Responsibility Campaign in partnership with First 5 • Promo Boxes distributed to Smile SBC Partners
<p>Education and Outreach Activities</p>	<ul style="list-style-type: none"> • Career Day at Mt. Vernon Elementary – 2/27 • Fatherhood Summit with Children’s Network – 2/28 • Tooth Fairy Day – 2/28 • Family & Birthworker Expo – 3/28 • Dental Clinic List – updated lists are available on our website for download and by clicking this link New Clinic List <p>To view additional Smile SBC Resources, visit our documents webpage by clicking this link https://smilesbc.org/documents/</p>

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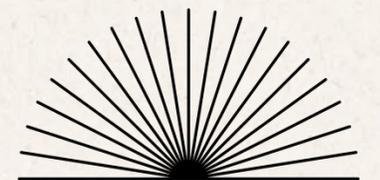
<p>School Oral Health Program Updates</p>	<p>Kindergarten Oral Health Assessment (KOHA) Updates – see progress graphs in attached slides</p> <ul style="list-style-type: none"> • KOHA (+TK): Due 5/31 → Reporting in SCOHR: Due 7/1 • KOHA Stipend Contracts – 4 active contracts • School Program Mobile Equipment – continued loan program • School Oral Health Workgroup – Regional Meeting will be hosted by Riverside County LOHP – Join us 3/24 <p>KOHA Video Updates</p> <ul style="list-style-type: none"> • Videos are available on our website or by clicking the link KOHA Video and scrolling down to the Video Gallery section. You can also view them directly on YouTube by clicking these links: School Staff/Admin and Parent Video. • Please help us share these videos widely to promote the importance of KOHA and how the screenings are easy and fun. • We appreciate everyone who participated. A special thank you to Jennifer Nowotney (The Friendly Flosser), Dr. Travis Tramel (GeriSmiles), First 5 San Bernardino, Dr. Stephanie Houston (Assistant Superintendent of Engagement with San Bernardino County Superintendent of Schools), Central School District, Ontario-Montclair School District, the Department of Public Health media team and Public Information Officer, and all of the various school district staff and administrators that supported these efforts.
<p>Oral Health Strategic Plan</p> <p>Review Retreat & Task Force Results</p> <p>Review Draft Action Plan</p>	<p>Presentation and Facilitated Discussion by Dr. Amanzadeh, DDS, MPH (consultant) and Mayte Cruz, Senior Associate HTA Consulting</p> <p>Retreat and Task Force Groups Overview: See draft Action Plan document, attached, containing the goals and strategies that will continue to be developed utilizing the collective ideas gathered during this meeting and previous task force groups.</p> <p>Focus Areas:</p> <ol style="list-style-type: none"> 1. Improve <u>Access</u> to Oral Health (OH) Care for Children and Families 2. Advance OH <u>Education</u>, Health Literacy, and Awareness 3. Strengthen Medical-Dental Integration in <u>Pediatric Care</u> 4. Improve Prenatal OH and Support for <u>Pregnant and Postpartum</u> Individuals 5. Strengthen <u>Program Infrastructure</u>: Evaluation, Data Systems, Coordination, Quality Improvement, sustainability
<p>Next Steps / Upcoming</p>	<p>Future meetings</p> <ul style="list-style-type: none"> • 3/24/26 Regional School Oral Health Workgroup (hosted by Riverside LOHP), 12:30 PM – 2:00 PM • 4/21/26 Advisory Meeting, 10:00 AM to 11:30 AM (virtual) • 7/21/26 Advisory Meeting, 11:30 AM to 1:30 PM (in-person) <p>Stay tuned for calendar invites, agendas and additional details.</p>

<p>Partner Updates & Announcements</p>	<p>Elizabeth Amezcua – DPH FHS Program Manager Thank you for your continued collaboration and commitment to Oral Health and the community. (Elizabeth is the new manager for the Family Health Services section, of which Smile SBC is a part. We are grateful for her support!)</p> <p>Yanique Guy – Smile California Smile California provides tool kits to partners and providers, but due to inventory constraints we are transitioning to digital toolkits. If you request a toolkit from Smile California’s website, you will be sent digital files to resources available for you to print. Hoping to get back to providing physical copies soon. Questions, contact Yanique at yanique.guy@gainwelltechnologies.com</p> <p>Kim Vura – Happy Hippo Dental Now with RC Dental in Rancho Cucamonga and Happy Hippo in Ontario. Working towards connecting with Ontario USD and Upland USD to provide toothbrush kits. Looking in to the possibly of joining the PTA to provide education to the parents. kvura@clarkstdental.com</p> <p>Jessica Hernandez – Vernon Dental Specialty Group Trying to collaborate with more school districts. We just started with SBUSD with an Orthodontics Braces Contest – 3 winners, the rest get discounted prices. If you are interested on collaborating contact Jessica at j.vernondental@gmail.com</p>
<p>Raffle</p>	<p>Raffle Winners!</p> <p>1st winner–Jennifer Nowotney (selected a \$25 Amazon Gift Card) 2nd winner–Rosalie Silva (selected a \$25 Amazon Gift Card) 3rd winner–Wasima Alvi (AquaSonic Black Series Electric Toothbrush)</p> <p>No government funds are used to purchase raffle prizes.</p>
<p>Meeting Evaluation Survey</p>	<p>If you did not complete an evaluation survey directly after the meeting. Please take a moment to complete the survey by clicking this link: https://dphsbcountry.co1.qualtrics.com/jfe/form/SV_9BSYIV1RJ16pjW6 or by scanning this QR code:</p>  <p>We value your feedback! Survey will close on 3/6/2026.</p>
<p>If you have questions or would like more information, please do not hesitate to contact us at info@SmileSBC.org or https://SmileSBC.org</p> <p style="text-align: center;">THANK YOU to those who were able to attend this meeting!!!</p>	



IN - PERSON ADVISORY

February 24
11:30 a.m. - 1:30 p.m.

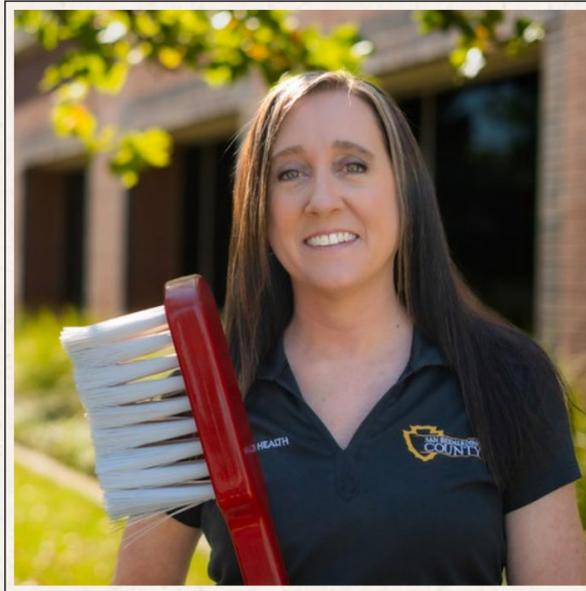


Welcome

- Please sign in
- Grab an agenda and handout
- Grab a lunch
- This meeting is being recorded
- Restrooms / Exits



Introductions



Bonnie Flippin
Program Coordinator



Maria Davalos
Office Specialist



Monica Garcia
Statistical Analyst



Jazmin Pelayo
Health Education Specialist II



Alexandra Diaz
Health Education Specialist I

Consultants



Dr. Bahar Amanzadeh , DDS, MPH



Mayte Cruz, MPP
Senior Assoc. HTA Consulting





Vision

We envision a County where all individuals have opportunities and resources to achieve and maintain optimal oral health.

Focus Areas

Access - Increase access to oral health care

Knowledge - Increase oral health knowledge, education and public awareness

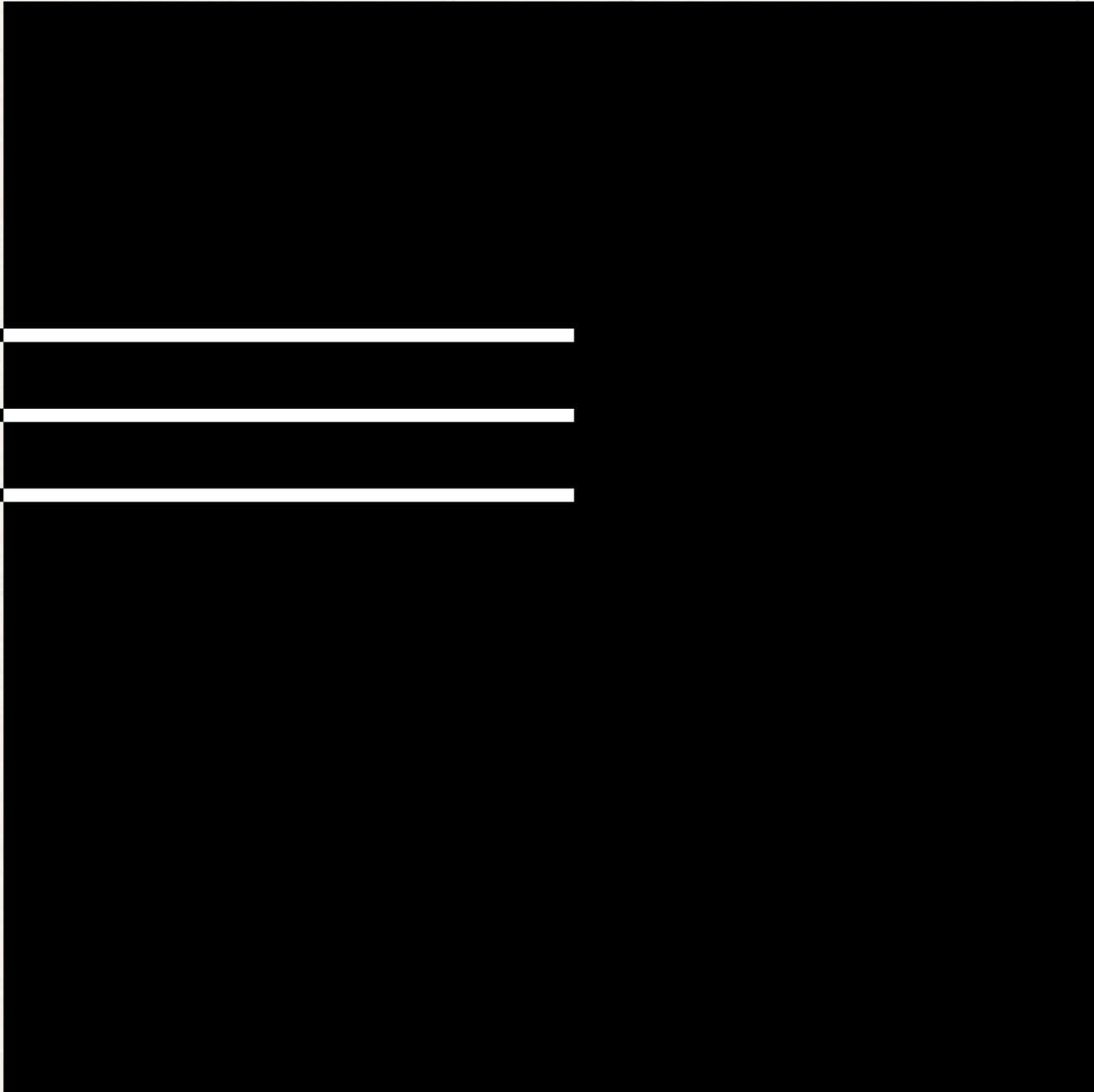
Workforce - Improve oral health workforce capacity to serve all

Integration - Increase integration of medical and dental services

Surveillance - Increase surveillance, measurement & evaluation of oral health

Coordination - Improve coordination of Countywide efforts





01	Lunch and Networking
02	National Children's Dental Health Month
03	School Oral Health Program Updates
04	Oral Health Strategic Plan - Review Retreat + Task Force Results - Review Draft Action Plan
05	Next Steps
06	Partner Roundtable
07	Raffle!!!



Lunch and Networking

National Children's Dental Health Month



3rd Grade Drawing Contest

DPH Screensaver

Little Me, Big Responsibility

Promo Boxes

National Children's Dental Health Month



The graphic features a teal and yellow color scheme with a grid background. On the left, a circular photo shows a group of diverse children holding a red ribbon. The photo is framed by a teal border with a dashed white line. Above the photo, the text 'SAN BERNARDINO COUNTY' and 'Public Health' is visible. To the right of the photo, a yellow circle contains the text 'ALL MONTH LONG!'. The main title 'FEBRUARY IS NATIONAL CHILDREN'S DENTAL HEALTH MONTH' is written in large, bold, teal letters. Below the title, a yellow rounded rectangle contains the text 'Schedule your child's first dental appointment by their first birthday or when they get their first tooth.' Below this, four bullet points provide dental care instructions. The 'smile SBC' logo is in the bottom right corner. Decorative swirls in teal, yellow, and pink are scattered throughout the graphic.

SAN BERNARDINO COUNTY
Public Health

FEBRUARY IS NATIONAL CHILDREN'S DENTAL HEALTH MONTH

Schedule your child's first dental appointment by their first birthday or when they get their first tooth.

- Brush two times a day
- Floss at least once a day
- Visit the dentist two times a year
- Use a pea-sized amount of fluoride toothpaste

smile^{SBC}

ALL MONTH LONG!

National Children's Dental Health Month



**LITTLE
ME
BIG
RESPONSIBILITY**



 **FIRST5**
SAN BERNARDINO

 | Public Health

smile
SAN BERNARDINO COUNTY



**Healthy smiles start
with healthy baby teeth.**

 | **smile**
SAN BERNARDINO COUNTY |  **FIRST5**
SAN BERNARDINO
Stronger starts, better life

SmileSBC.org

Funded by the California Department of Public Health under contract #22-10191

National Children's Dental Health Month

Promo Boxes



Mom and Dad Project



Child Care Resource Center



DPH Hesperia Health Center



Mt. Vernon Elementary
CAREER DAY
 VOLUNTEER OPPORTUNITY!

Are you interested in sharing your career experiences with Mt. Vernon Elementary students? If so, we have a perfect opportunity for you! We are interested in hearing from a variety of professions to inspire young minds and make an impact.

- Friday—February 27, 2026
- Mt. Vernon Elementary
1271 W. 10th Street
San Bernardino, CA 92411
- 8:40am–10:30am
- Please fill out this survey to sign up to speak to our elementary students on career day:

 [Mt. Vernon Speaker Survey](#)

Questions? Contact Erica Hernandez
 email: erica.hernandez@sbcusd.k12.ca.us
 cell: (909)499-5721

MT VERNON
 ELEMENTARY SCHOOL
BEES

Education and Outreach

Upcoming events

IEFIC
 Inland Empire Father Involvement Coalition

SAN BERNARDINO COUNTY
 Children's Network

FATHERHOOD SUMMIT

Calling all fathers!
 Celebrate your fatherhood journey and enjoy a free fatherhood festival!

- Fun Activities
- Lunch Included
- Resource Providers
- Opportunity Drawings

Curtis Middle School
Feb. 28
 10 a.m. - 2:30 p.m.

Scan or click the QR code to save your seat!

909.383.9677 | cn.sbcounty.gov

SAN BERNARDINO COUNTY Public Health

Tooth Fairy Day
 February 28

smile
 SAN BERNARDINO COUNTY

Funded by the CDPH, under grant #22-10191

Stronger Together: High Desert
Family & Birthworker Expo
Free!

SATURDAY MARCH 28, 2026
 10 AM - 4 PM
 VICTOR VALLEY COLLEGE EDUCATIONAL EVENT CENTER
 12395 MOJAVE FISH HATCHERY RD.
 VICTORVILLE, CA 92395

Discover valuable resources, meet other families, and have fun!
 Whether you work with families, are expecting, or have older children, there's something for everyone.

- Breakfast and Lunch
- Raffle Prizes
- Crafts and Activities
- Family Resources
- Sound Bath
- Workshops

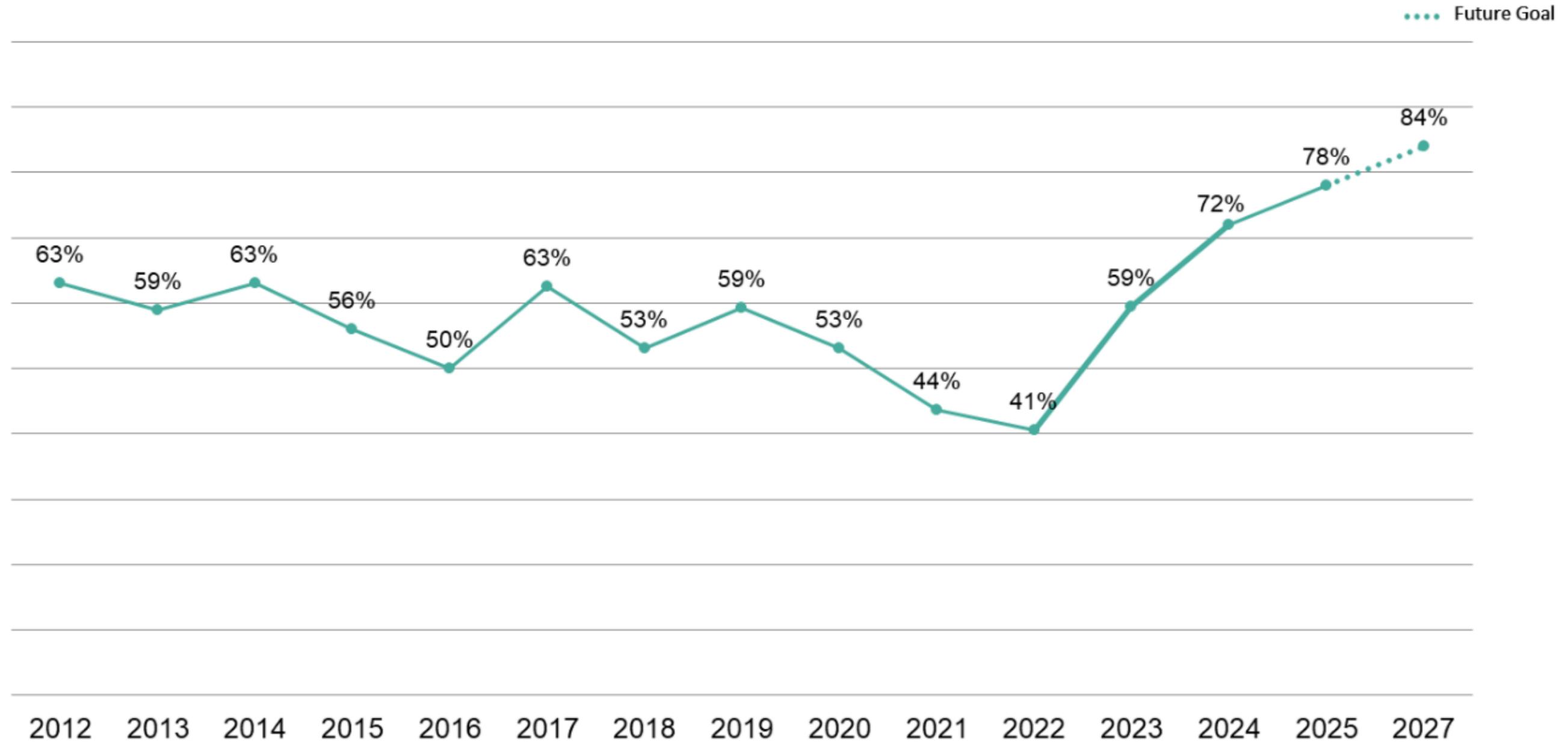
RSVP to Dr. Priya Kalyan-Masih
Priya@loveyourbestlifellc.com
 760-503-5330



School Oral Health Programs

- District Progress

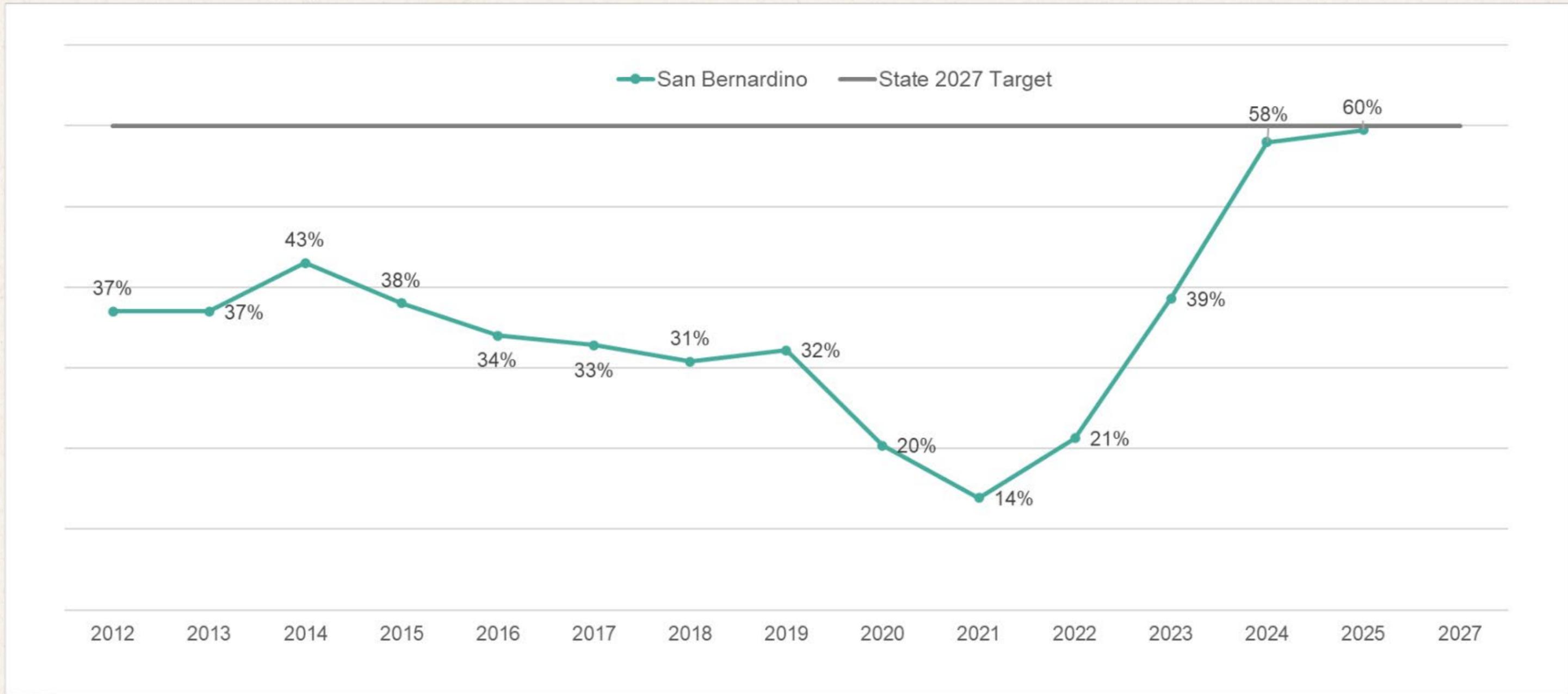
Percent of School Districts in San Bernardino County Reporting KOHA in SCOHR





School Oral Health Programs - Kinder Progress

Percent of Enrolled Kindergarteners in San Bernardino County with Oral Health Assessments Reported in SCOHR





Kindergarten Oral Health Assessments (+TK)

- Due May 31st (into SCOHR by July 1st)

KOHA Stipend Contracts

- Four mobile providers

School Program Equipment Loans

- Eight entities utilizing

School Oral Health Program Work Group

- Regional Meeting = March 24
- KOHA Toolkit
- KOHA Videos

School Oral Health Programs

- School Staff

- KOHA Videos



School Oral Health Programs

- KOHA Videos

- Parents

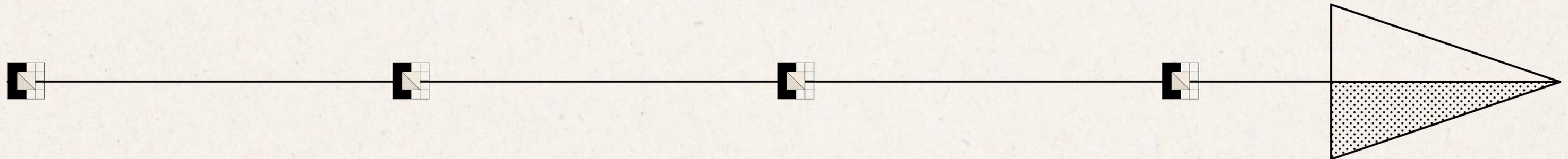
(Same as School Staff video until 1:40 = parent interview)



are called Kindergarten Oral Health Assessments, or KOHA for short.



Oral Health Strategic Plan



Review revised goals + strategies
from Task Force groups

Review draft Action Plan

Dr. Bahar Amanzadeh , DDS, MPH

Mayte Cruz, MPP

Senior Assoc. HTA Consulting



Upcoming

Regional School Oral Health Workgroup

- March 24th from 12:30 p.m. to 2:00 p.m.

Riverside hosting: 4210 Riverwalk Parkway, Riverside

Smile SBC Advisory (Virtual)

- April 21st from 10:00 a.m. to 11:30 a.m.

Strategic Plan Draft

Reminder: Kindergarten Oral Health Assessments (+TK)

- Due May 31st (into SCOHR by July 1st)



Partner Roundtable

Meeting



Evaluation



Raffle



1st winner



2nd winner



3rd winner



Meeting



Evaluation

Thank you!

CONTACT US:

E-mail [info@SmileSBC .org](mailto:info@SmileSBC.org)

Web address [SmileSBC .org](http://SmileSBC.org)



Public Health

Strategic Planning Task Force Groups - Overview

Task Force Groups:

Advance Oral Health Education, Health Literacy and Community Awareness

Improve Access to Oral Health for Children Through School Program Expansion and Improvement

Strengthen Medical-Dental Integration in Pediatric Primary Care

Improve Oral Health & Support for Pregnant and Postpartum Individuals

Major, cross-cutting feedback:

1. Utilize Existing Resources
2. Normalize Oral Health
3. Strengthen Infrastructure and Capacity
4. Involve the Community and Trusted Leaders/Service Providers
5. Advance Access and Equity (socio-economic, geographical, etc.)

Each group met 2x over a 2-week period: January 15 – January 29, 2026 (45 unduplicated attendees)

1. IMPROVE ACCESS TO ORAL HEALTH CARE FOR CHILDREN AND FAMILIES

(School oral health programs, workforce, dental providers, mobile units, remote areas, developmental disabilities, Medi-Cal acceptance)

Expand and Strengthen School Oral Health Programs

Meet Families Where They Are

Improve Referral and Linkage Processes

Build Community Trust and Reduce Disparities

Expand Workforce Capacity & Provider Participation

School Oral Health Programs

Strategy 1. Expand and Strengthen Comprehensive School Oral Health Programs

Strategy 2. Strengthen Referral, Follow-Up, and Care Coordination Pathways

Strategy 3. Strengthen Use of Data to Improve Countywide School Oral Health Programs and to Advance Equity



Strategic
Planning Task
Force Groups -
Summary



School Programs

Expand & Strengthen School Based Access

Full continuum programs (education → treatment)

Standardized consent & enrollment integration

Parent engagement

District leadership engagement

Strong referral & follow-up pathways

2. ADVANCE ORAL HEALTH EDUCATION, HEALTH LITERACY, AND AWARENESS

(Campaigns, multilingual materials, coordinated messaging, agencies, caregivers, providers)

Strategy 1: Create coordinated countywide oral health messaging and materials that are both educational and engaging to increase knowledge and awareness of priority audiences.

Strategy 2: Disseminate messages through diverse written and electronic media.

Strategy 3: Integrate oral health education and promotion into existing educational activities/ programs and establish mechanisms for its implementation

Strategic
Planning Task
Force Groups -
Summary



Education & Awareness

Build Knowledge & Community Engagement

Coordinated, culturally responsive messaging

Multi-platform dissemination (print, digital, media)

Train trusted messengers

Centralized resource clearinghouse

Improve awareness of benefits & services

3. STRENGTHEN MEDICAL-DENTAL INTEGRATION IN PEDIATRIC CARE

(Primary care, MCP alignment, workflows, billing/coding, CHWs, follow-up systems)

Strategy 1: Integrate Oral Health into Pediatric Medical Care and Well-Child Visits

Strategy 2: Strengthen Pediatric Primary Care Provider Knowledge, Skills, and System Capacity in Integrating Oral Health

Strategy 3: Expand Access and Reduce Barriers to Dental Education and Care for Children and Families



Strategic Planning Task Force Groups - Summary



Pediatric Integration

Make Oral Health Routine in Well-Child Care

Standardized workflows (edu, fluoride varnish, etc.)

Expand pediatric care teams with non-medical

Provider training & leadership engagement

Align with Managed Care Plans

Electronic referral & care coordination systems

Reduce logistical barriers, expand specialty

4. IMPROVE PRENATAL ORAL HEALTH AND SUPPORT FOR PREGNANT AND POSTPARTUM INDIVIDUALS

(Education, provider awareness, CHWs/doulas, one-stop shops, data systems)

Strategy 1: Integrate Oral Health into Routine Prenatal Care

Strategy 2: Educate and Train Medical and Dental Providers to strengthen cross-training and collaboration

Strategy 3: Expand Access and Reduce Barriers to Dental Care for Prenatal/Postpartum Individuals

Strategy 4: Build Organizational Infrastructure and Use data to inform prenatal oral health strategies and reduce disparities, especially for high-risk communities.



Strategic
Planning Task
Force Groups -
Summary



Prenatal/Postpartum Integration

Embed Oral Health into Prenatal Systems

Oral health screenings in OB/GYN settings

Equip prenatal teams & non-medical supporters

Provider education on safety & benefits to baby

Strengthen referral & follow-up systems

Address transportation, coverage & provider capacity

5. STRENGTHEN PROGRAM INFRASTRUCTURE: EVALUATION, DATA SYSTEMS, COORDINATION, QUALITY IMPROVEMENT, SUSTAINABILITY

(Data gaps, 2024–25 limitations, tracking, follow-up, disparities, equity lens)

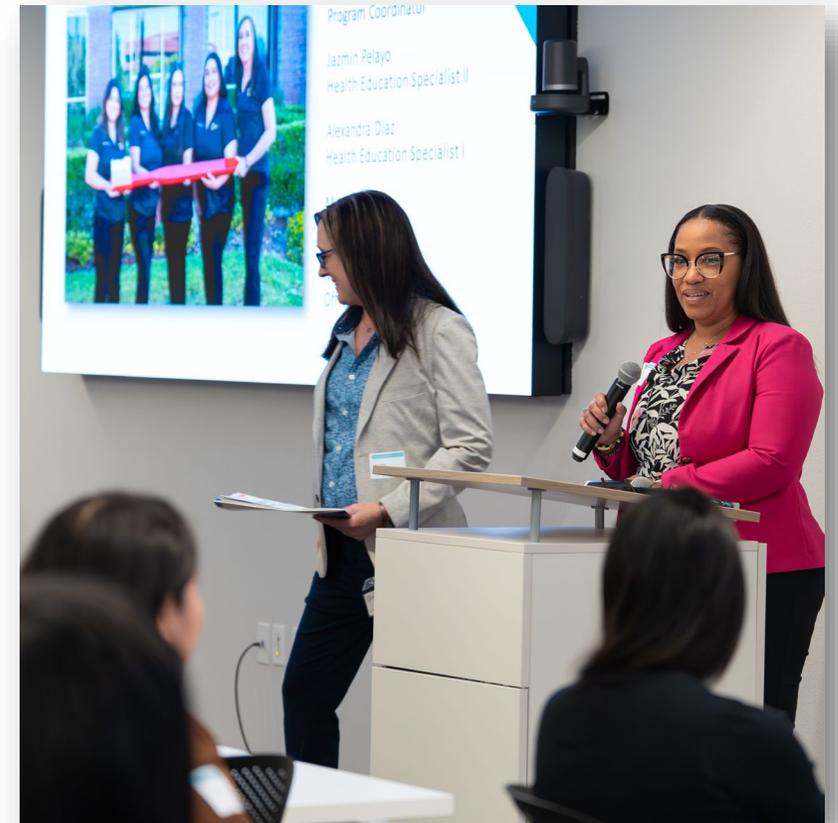
Use evaluation findings to guide strategy and resource allocation

Conduct targeted assessments of high-priority populations

Develop a countywide oral health data infrastructure (update, standardize, integrate)

Create a centralized information platform

Track referrals, follow-up, and treatment completion



Review Action Plan

How and who?

- Circle the actions that stand out to you as important
- For the ones that you want to be involved in, add your name and organization

Concerns

- Put an asterisk (*) next to the ones you have concerns about the feasibility, and specify why

Discussion

Breakout into groups of 3 to 4 people to discuss who, how, and feasibility (15 minutes)

Share out with the full group (10 minutes)

Next Steps



Compiling feedback gathered today



Continue revising the strategic and implementation plan
(including objectives for each goal)



Next AC meeting to share revised version (scheduled for Tuesday,
April 21st)

School Oral Health Programs

Strategy	Action Items	Timeline	Context	Key Partners
Strategy 1. Expand and Strengthen Comprehensive School Oral Health Programs	<p>1 Integrate OH into standard school systems and processes, such as utilizing mobile dental teams/ units in remote schools (Y1)</p> <ul style="list-style-type: none"> • Integrate OH forms into school enrollment, aligned with vision and hearing workflows • Standardize consent forms and processes across school districts • convene a workgroup/ redirect school workgroup (start Y1) • Develop implementation supports/ resources, such as a KOHA tool kit and videos (Y1), to help with misconceptions about what happens during screenings • finalize and disseminate the KOHA tool kit (start Y1) • Embed OH education in school standards/ curriculum 	Year 1 Continue Implementation Years 2-5	<ul style="list-style-type: none"> • Embed OH education in school standards/ curriculum (e.g., Health Education Curricula table from OOH, OH Reading Buddy Program) 	Mobile dental partners IE School Health Coalition Providers School district personnel (e.g., school nurses) Friendly Flosser Morongo Unified School District First 5 Collaborative Whole Child Collaborative
	<p>2 Strengthen district- and school-level engagement and leadership buy-in</p> <ul style="list-style-type: none"> • Conduct/ continue outreach to priority school districts and school leadership to implement KOHA and start/expand school OH services (Y1) • Engage school workgroup in defining priority criteria • Present at existing school/district leadership coverings/meetings (Y1) • Share success stories and recognize schools/ districts doing well (Y1) <p>Faciliate communications among school providers and schools by PH program by hosting the WG as well as one on one check-ins with partners to strenghten the communications</p>	Year 1 Continue Implementation Years 2-5	<ul style="list-style-type: none"> • Engage school workgroup in defining priority criteria (based on: survey results, progress made over last year, school engagement, FRPM, and other disparity data, etc.) 	

Strategy	Action Items	Timeline	Context	Key Partners
	<p>3. Engage families and communities through trusted school and community pathways to promote school OH programs</p> <ul style="list-style-type: none"> • Family Engagement • Provider focused, culturally relevant • Coordinated outreach <p>Identify partners to start on activities in this section - more specific on the "How"s?</p>	Year 2	<ul style="list-style-type: none"> • Use family engagement liaisons, PTA champions, parent centers, school wellness/resource centers, and school events (value of OH services). Admin leads can help with warm introductions. • Provide targeted, culturally relevant OH education to parents about the value of preventive services and pathways to ongoing dental care. • Partner with community resource centers, community centers, faith-based organizations, and other trusted local partners to extend outreach beyond the school campus. • Coordinate well-planned, well-marketed community-based outreach events to engage families not routinely reached through schools alone. • Use local storytelling, peer champions, and incentives (e.g., recognition, giveaways such as free braces-Vernon) to build trust—particularly in rural, remote, and underserved communities. 	Family engagement liaisons (e.g., PTA champions, parent centers, school wellness/resource centers, and school events)
Strategy 2. Strengthen Referral, Follow-Up, and Care Coordination Pathways	<p>1. Strengthen connection and coordination between schools, mobile dental providers, dental clinics, and families</p> <ul style="list-style-type: none"> • Develop a toolkit with information on how to find FQHCs and low-cost/ Medi-Cal dentists (Y1) 	Y 1		FQHCs Schools Mobile dental providers Local dental clinics Molina Clinic CPS Community Health Workers Vernon Dentistry
	<p>2. Strengthen care coordination and navigation supports by expanding partnerships with organizations that support care coordination and transportation assistance (Y1)</p>	Y 1	<ul style="list-style-type: none"> • Molina can assist with determining process for requests. Molina offers transportation assistance (as do the other MCPs). • 20/20 Vision transportation assistance 	

Strategy	Action Items	Timeline	Context	Key Partners
	<p>3. Improve follow-up systems and communication by:</p> <ul style="list-style-type: none"> developing automated systems that remind families of the need to take their child to the dentist, establishing opt-out systems to automatically include families in follow-up messages <p>hard to implement unless MCPs or other partners are invested/ taking the lead</p> <ul style="list-style-type: none"> establishing communication protocols for providers to notify schools or urgent cases when families do not respond (Y2) 		<p>school workgroup to look at the existing communication protocols and develop a unified protocol for communication with parent around urgent cases</p>	
	<p>4. Identify and prioritize urgent and high-risk caries//</p> <ul style="list-style-type: none"> Identify existing referral resources within MCPs as well as DHCS for urgent care coordination Disseminate information to partners and schools Engage school workgroup to include information in KOHA toolkit and disseminate even further 		<ul style="list-style-type: none"> Vernon Dentistry can provide service with anesthesia Vernon - their portal page can be used by referring office to see when the consult was done and the treatment was completed use flags or indicators to identify urgent, high-risk, or repeat unmet dental needs <ul style="list-style-type: none"> establish escalation pathways for severe cases or unresponsive families coordinate with benefit coordinators or referral staff (e.g., CHWs, navigators) to assist with urgent cases (check...can MCO coordinators refer to dental? Molina - yes) 	
<p>Strategy 3. Strengthen Use of Data to Improve Countywide School Oral Health Programs and to Advance Equity</p>	<ul style="list-style-type: none"> Utilize and enhance the School Provider Survey (Y1) Utilize current data to identify gaps in school-oral health programs (Y1) and prioritize accordingly Standardize data collection across school programs, mobile dental professionals Integrate OH data into school systems and county health systems: identifying best practices around school districts integartaing school OH data into ARIES or other systems; Find best ways to present to other school districts (i.e. convenings, webinars, etc.) 	<p>Year 1 Continue Implementation Years 2-5</p>	<ul style="list-style-type: none"> Get school workgroup feedback on to enhance school provider survey Engage school workgroup in reviewing the data and providing feedback on gaps and priorities Identify areas of data collection that would enhance school OH services and the data and attempt to standardize those among providers 	<p>School district leadership County health systems</p>

Education and Awareness

Strategy	Action Items	Timeline	Context	Key Partners
Strategy 1: Create coordinated countywide oral health messaging and materials that are both educational and engaging to increase knowledge and awareness of priority audiences.	1. Develop awareness campaigns to build trust and promote oral health behaviors <ul style="list-style-type: none"> • Awareness campaigns: First 5 and their marketing consultants, Westbound, are a great resource (Y1). 	Year 1	<ul style="list-style-type: none"> • Use storytelling and community success stories to build trust and highlight program value 	First 5 Westbound Tri County Child Care Resource Center Black Infant Health Program Naebor Clinic Faith-based organizations El Sol promoters
	2. Include information related to improving access (Y1) (including transportation support, care coordination support, and free/low-cost dental clinics that are willing and able to serve pregnant individuals, individuals with intellectual/ developmental disabilities, etc.).	Year 1	<ul style="list-style-type: none"> • Materials for improving access: <ul style="list-style-type: none"> • Smile CA materials, including transportation assistance • Let parents know what schools have oral health programs • Give Kids a Smile events – ADA. Tri County can also help with getting volunteers and spreading word. 	CCS Inland Regional Center WIC Maternal Health Network CFS College health centers Catholic Charities
	3. Include input, feedback from key audiences to facilitate effective messaging	Year 2		Catholic Diocese Consulates
	4. Develop messages that consider the specific needs of key audiences such as: <ul style="list-style-type: none"> • Parents, caregivers, and families • Pregnant individuals • Foster youth • Young adults • Individuals living in remote communities • Individuals that are unhoused • Immigrants 	Year 2	<ul style="list-style-type: none"> • Parents, caregivers, and families <ul style="list-style-type: none"> - Families with small children: Child Care Resource Center - Black/African American families: BIH, Naebor clinic, Faith based organizations - Latinx families: El Sol promotores - Families with children with I/DD (include sensory friendly education): CCS, IRC (occupational therapist provides these services and parent education), ADA and AAPD have materials, Riverside County LOHP SHCN dental list • Pregnant individuals: WIC, Maternal Health Network, BIH • Foster youth: CFS • Young adults (including college students): College health center waiting rooms, train the staff • Individuals living in remote communities • Individuals that are unhoused: Catholic Charities, Catholic Diocese • Immigrants: consulates, legal orgs 	Legal organizations

Strategy	Action Items	Timeline	Context	Key Partners
Strategy 2: Disseminate messages through diverse written and electronic media.	1. Distribute materials via waiting rooms, postcards with QR codes, social media posts, and educational videos	Year 2-5	<ul style="list-style-type: none"> • LLU dental students develop education resources and can take those out to the kids 	LLU dental students First 5 Vernon Dental Local businesses (e.g., car washes, laundromats) Hispanic radio station CHSI-Bloomington Community Health Services
	2. Leverage modern media, such as social media (reels, TikToks, livestreams, podcasts) and partner websites/ media		<ul style="list-style-type: none"> • First 5, Vernon Dental, DMV, car washes, laundromats • TVs, bulletin boards, digital frames (Vernon) • Email notification to partners when new material is on website to view and share 	
	3. Use traditional media, including local radio, TV, newspaper, and partner newsletters		<ul style="list-style-type: none"> • Hispanic radio station open on Sundays for interview (Vernon) • CHSI-Bloomington community health services newsletter • Vernon creates reels, etc. Can we share it out? 	
	4. Promote proclamations at the city and county level			
Strategy 3: Integrate oral health education and promotion into existing educational activities/ programs and establish mechanisms for its implementation	1. Train various social and health system staff to deliver basic oral health education (including insurance benefit information)"train the trainer" model	Year 2-5		Libraries WIC Loma Linda University Rainbow Pride Youth Alliance TAD Faith-based organizations Home visiting programs (i.e., El Sol, CCRC, Mom + Dad Project) FQHCs Prenatal Taskforce CHWs, doulas, nurses Schools for dental professionals Elementary Schools
	2. Provide oral health education and health literacy toolkits (Y1)	Year 1		
	3. Maintain/ identify centralized clearinghouse to share vetted oral health materials and resources (Y1) (e.g., Smile SBC Page, California Oral Health Technical Assistance Center page)	Year 1		

Strategy	Action Items	Timeline	Context	Key Partners
	<p>4. Get the support of key organizations and create collaboration with messengers with established relationships and trust with the community (e.g., social services organizations, health programs/ systems, elementary schools, workforce health centers, community leaders in rural areas)</p>	<p>Year 1-5</p>	<ul style="list-style-type: none"> • <u>Social service organizations:</u> <ul style="list-style-type: none"> • Serving families and young kids: Children’s museum, Libraries, WIC, Loma Linda, First 5 • Serving youth, including LGBTQ youth: Rainbow Pride Youth Alliance • Serving low income in need of support services: TAD, Section 8 individuals? • Faith-based organizations, churches • Home visiting: El Sol, CCRC, Mom+Dad Project • <u>Health programs/systems:</u> <ul style="list-style-type: none"> • FQHCs: DPH, SAC, ParkTree, Morongo, CHSI, St Johns community health, Friends of Family, etc. • Pediatric – well-child visits (Pediatric Task Force) <ul style="list-style-type: none"> • Prenatal classes (Prenatal Task Force) • Allied health, such as rehabilitation, diagnostics, nutrition, etc. • Mobile medical and dental units/providers • CHWs, doulas, nurses: SAC, DPH, IEHP, Morongo, St. Johns • Schools for dental professionals (facilitate early awareness of efforts and needs) <ul style="list-style-type: none"> • Concord, San Joaquin Valley College, LLU (public health programs) • Career technical education programs – Baldy View ROP • Schools for medical professionals (facilitate early awareness of efforts and needs) • <u>Elementary schools</u> • <u>Workforce health centers (e.g. Costco, Amazon)</u> • <u>Community leaders in rural areas</u> • <u>Community leaders that specifically serve the key audiences listed above</u> 	<p>Libraries WIC Loma Linda University Rainbow Pride Youth Alliance TAD Faith-based organizations Home visiting programs (i.e., El Sol, CCRC, Mom + Dad Project) FQHCs Prenatal Taskforce CHWs, doulas, nurses Schools for dental professionals Elementary Schools</p>

Pediatric Medical-Dental Integration

Strategy	Action Items	Timeline	Context	Key Partners
Strategy 1: Integrate Oral Health into Pediatric Medical Care and Well-Child Visits	<p>1 Establish workflows and clearly define roles and responsibilities (Y1).</p> <ul style="list-style-type: none"> • Workflows that include oral health education, basic assessments, fluoride varnish application, and referral assistance. • Ensure minimal disruption to medical visits and include clear physician buy-in to avoid implementation barriers. Usually only have 30-40 minutes. Must minimize documentation requirements. • Evaluate/ track various measures to determine success (Y1) are providers sharing this knowledge, are families changing behaviors, what data do providers' systems currently collect. 	Y 1-2	<p>Note: pediatricians and medical staff can apply fluoride varnish (after basic training). Share training video resources with providers.</p> <p>Policy dissemination for CBOs and grassroots organizations in regards to CHW billing and capacity building at the department level</p>	<p>Pediatricians Medical staff CHWs Navigators Home visitors St. Johns Dental Clinics (Vernon)</p>
	<p>2 Utilize expanded care team of non-medical service providers in pediatric settings to assist with oral health education, screenings, referrals, and follow-up.</p> <ul style="list-style-type: none"> • CHW, navigators, home visitors, hygienists, dental assistants, and volunteers such as retired professionals and dental/medical/paramedic students. • Utilize hospital pediatric programs outside of well visits (St Johns?) • Optimize scope of practice to deliver oral health services during well-child visits. • Utilize neighboring dental clinics to provide education (Vernon) 	Y 1-2		

Strategy	Action Items	Timeline	Context	Key Partners
Strategy 2: Strengthen Pediatric Primary Care Provider Knowledge, Skills, and System Capacity in Integrating Oral Health	<p>1 Build provider knowledge and confidence through training, guidance, and professional development activities.</p> <ul style="list-style-type: none"> • Training and resources (toolkits) (Y1) • Support interprofessional learning (e.g., summits, case-based sessions) to strengthen understanding across medical, dental, and care coordination roles (pediatric community of practice). • Promote leadership support through brief, targeted in-services and executive-level outreach to clinical leadership (virtual). Include compliance and system gap data. FQHC CEOs. • Ensure medical and dental students are provided information to build early awareness of pediatric and prenatal oral health needs and their role in addressing them and develop advocacy paths 	Y 1-4	<p><u>Training and resources (toolkits):</u></p> <ul style="list-style-type: none"> • For delivering assessments, and fluoride varnish applications. • For providing education to patients, including safety of fluoride varnish, 1st tooth 1st birthday, etc. • Ensure they have the ability to address follow-up questions • MorongoBHC is trying to do trainings with Medical Assistants • Have dental professionals help during the first week of FV application to get the staff comfortable. • Pediatricians are typically the ones providing “education”, not MAs <p><u>Support interprofessional learning to strengthen understanding across medical, dental, and care coordination roles.</u></p> <ul style="list-style-type: none"> • Provide CEUs and CMEs to support participation. • In services and lunch for pediatrician and leadership (colgate ,oral b ,elevate and dental schools, carequest ,viva learning) • DPH Clinics (Lynn) have monthly meetings. Might be open to CHW and CBO collaboration....also students. • Corporate entities (like LLU) typically already have pediatric and prenatal slide shows developed • Virtual options (quarterly with one annual F2F) • Well-respected key note speakers. • Incorporate with other, “popular” topics <p><u>Ensure medical and dental students awareness of prenatal oral health needs</u></p> <ul style="list-style-type: none"> • Medical and Dental student curriculum already include aspects of pediatric oral health. Explore more to verify. (See Medical and Dental School Courses info shared below.) 	LLU Western University Concord CSUSB San Joaquin Valley College (SJVC) Chaffey Baldy View ROP DPH Clinics Morongo BHC Managed Care Plans
	<p>2 Incorporate existing Managed Care Plan (MCP) initiatives and deliverables</p> <ul style="list-style-type: none"> • Develop a Managed Care Plans Work Group • Assist with practice guidelines, best practices, cross-learning, implementation tools, including coding and documentation training to support reimbursement. • Facilitate incentives and resources to support integration, care coordination. • Encourage MCP audits/reviews of oral health performance measures. 	Y 2-4		

Strategy	Action Items	Timeline	Context	Key Partners
Strategy 3: Expand Access and Reduce Barriers to Dental Education and Care for Children and Families	<p>1 Strengthen Referral, Follow-Up, and Care Coordination Pathways</p> <ul style="list-style-type: none"> • Improve communication and connection between pediatric, dental, and care coordination teams to streamline referrals and ensure continuity of care. • Create fast referral pathways/workflows (Y1) between co-located pediatric and dental services to ensure timely access, especially for urgent cases. • Explore solutions that allow medical and dental systems to communicate directly to support faster, more immediate referrals. • Create standardized care coordination workflows to increase successful referral completion and follow-up. • Integrate care coordinators and navigators into pediatric settings and workflows for real-time case tracking and family support. <ul style="list-style-type: none"> ◆ CHWs and other care coordinators ◆ Managed Care Plan (MCP) dental coordinators • Increase visibility of dental resources in medical settings through tools such as flyers, QR codes, and referral materials. (Y1) • Develop/adopt and implement electronic referral systems with automated flags to identify urgent and high-risk cases. • Establish opt-out follow-up requirements aligned with Managed Care Plan contracts to reduce missed connections. 	Y 1-3	<ul style="list-style-type: none"> • Improve communication and connection between pediatric, dental, and care coordination teams to streamline referrals and ensure continuity of care. <ul style="list-style-type: none"> • Vernon has a post op portal for communicating results/ status of the patient to the referring office • Indio surgery sends out post op reports • Develop best practice for the workflow of the referral process • Encourage, facilitate referral sites to visit pediatric offices so they “know” them. • Separate buildings or campuses will present more challenges. 	
	<p>2 Reduce Logistical and Practical Barriers for Families</p> <ul style="list-style-type: none"> • Offer flexible dental clinic hours, including evenings and weekends. • Provide education to families on dental insurance coverage, benefits, and available programs through primary care and dental settings. • Promote awareness of transportation supports available through Medi-Cal, MCPs, and community partners. • Support mobile and co-located service models that bring dental services directly to children and families. <ul style="list-style-type: none"> ◆ Portable/mobile dental services and/or dental vans parked at or near pediatric clinics (as space and funding allow). Requires a dedicated person to walk from peds to mobile van. 	Y 1-2		

Strategy	Action Items	Timeline	Context	Key Partners
	<p>3 Expand and Strengthen Specialty and Hospital Dental Capacity</p> <ul style="list-style-type: none"> • Increase visibility and availability of dental specialists and hospital dentistry able to receive referrals from primary care. • Work with hospitals to expand capacity for children requiring anesthesia or complex dental care. • Identify regional dental specialists willing and able to serve children across county lines and navigate billing limitations. • Assess medical system and credentialing barriers that prevent specialists from being approved to serve multiple counties. 	Y 2-3	Determining specialty centers and hospital dentistry.	

Prenatal Oral Health

Strategy	Action Items	Timeline	Context	Key Partners
Strategy 1: Integrate Oral Health into Routine Prenatal Care	<p>1 Embed oral health workflows into existing prenatal systems (intake forms, regular assessments, EHR prompts, care pathways, standing orders) (Y1)</p> <ul style="list-style-type: none"> • Quick education tools (Y1) (postcard with QR code, flip frames, messages in waiting rooms, short videos, quick tips, etc.). Usually only have 30-40 minutes. Must minimize documentation requirements. • St Johns programs (Y1) (connected with BIH/starting obgyn services) (see flyers shared below) • Create a Prenatal OH-specific EG to initiate the implementation of this goal, develop materials, have a plan for dissemination and share data 	Y 1 -Y4	<p>-- WIC – 14 family resources centers (CHWs and health educators)</p> <ul style="list-style-type: none"> • Most appointments are happening remotely some on site • Classes may become an opportunity in the near future • Virtual resources; they can send out resources using their messaging system • Screening questions...any “teeth” problems? <p>-- Dignity Health have integrated oral health presentations into the Maternity Tour; WIC is an interested partner and has an aligned manager; -- There is an an existing maternal OH guide developd by LOHP that can be dissiminated</p>	<p>Hospitals FQHCs community clinics family practice doctors OBGyns doulas midwives perinatal classes reproductive health settings close-by dental offices WIC CHWs Health educators</p>
	<p>2 Expand the role of non-medical service providers in prenatal settings to assist with oral health education, screenings, referrals, and follow-up.</p> <ul style="list-style-type: none"> • CHW (WIC CHWs and health educators), navigators, home visitors, doulas, midwives, hygienists, dental assistants, and volunteers such as retired professionals and dental/medical students • Utilize neighboring dental clinics to provide education (Vernon) 	Y 2 (explore)	<p>-- El Sol promotoras are integarting OH into their work with prenatal work with communities. -- Community level and/or clinical level staff to provide OH education to prenatal settings in the community or exam rooms. Ideas to pilot El Sol model (within entity to integrate OH) and pilot clinical with Vernon to bring hygienists to another setting. -- Bring presenters from other counties (Alameda for example) to share experience.</p>	Vernon
	<p>3 Facilitate the distribution of New Parent Packets with oral health guidance and care recommendations. (Y1)</p> <ul style="list-style-type: none"> • First 5 New Parent Packets with oral health information • Emphasize the benefits for the baby vs mother (will resonate more). <p>Women are often the most open to anticipatory guidance while pregnant; best opportunity to impact her child’s oral health.</p> <ul style="list-style-type: none"> • Do early. Preconception classes/communication. Family Practice physicians. 	Y1-2		

Strategy	Action Items	Timeline	Context	Key Partners
Strategy 2: Educate and Train Medical and Dental Providers to strengthen cross-training and collaboration	<p>1 Train and/or support clinical and community-based service providers to deliver oral health education, basic oral health assessments, and referral assistance to pregnant individuals.</p> <ul style="list-style-type: none"> • Create and disseminate trainings, toolkits (Y1), and resources for prenatal providers on oral health during pregnancy, including screening, referral, and patient counseling. • Promote the safety and importance of dental care during pregnancy to prenatal and postpartum care providers and dental providers (and pregnant individuals). • Highlight the additional benefits available for pregnant individuals (Education Obj) • Promote patient-centered communication and empathy-based approaches. • Evaluate/ track various measures to determine success (Y1) 	Y 1 -Y4	<p>Create and disseminate trainings, toolkits, and resources for prenatal providers on oral health during pregnancy, including screening, referral, and patient counseling.</p> <ul style="list-style-type: none"> • Explore and compile available resources (see Resources below)² • Explore in-service opportunities (incentives like lunch, short meetings) • DPH Clinics (Lynn) have monthly meetings. Might be open to CHW and CBO collaboration....also students. • Corporate entities (like LLU) typically already have pediatric and prenatal slide shows developed • Evaluate/ track various measures to determine success (Y1): are providers sharing this knowledge, are families changing behaviors, are moms utilizing the Medi-Cal benefits during pregnancy and 12 months after (also, what data do providers' systems currently collect). <p>Tool kit input: Maternal Health Network; Measure uptake by them and a few other organizations.</p>	<p>DPH Clinics LLU ParkTree (Dr. Arratoonian) Western University Concord CSUSB San Joaquin Valley College (SJVC) Chaffey Baldy View ROP</p>
	<p>2 Strengthen cross-training (case studies) and collaboration between medical, dental, and community-based providers for better coordination and consistent messaging.</p> <ul style="list-style-type: none"> • Interprofessional summits or information sharing sessions (see context column) • Encourage, facilitate referral sites to visit pediatric offices so they “know” them. 	Y 2-4	<ul style="list-style-type: none"> • Interprofessional summits or information sharing sessions • Reach Out annual sessions • Perinatal summit have always had challenges with attendance • Ideas: virtual options (do quarterly with one annual F2F), leadership buy in, work in oral health into other, more marketable subject matter, align missions/agendas, popular key note speakers • Dr. Arratoonian DDS ParkTree (volunteered to help with various trainings) 	
	<p>3 Ensure medical and dental students are provided information to build early awareness of prenatal oral health needs and their role in addressing them.</p>	Y3	<ul style="list-style-type: none"> • Medical and Dental student curriculum already include aspects of prenatal oral health. Explore more to verify. (See Medical and Dental School Courses info shared below) • Dental and Hygiene students: LLU, Western University, Concord, CSUSB, San Joaquin Valley College (SJVC), Chaffey, Baldy View ROP 	

Strategy	Action Items	Timeline	Context	Key Partners
Strategy 3: Expand Access, Reduce Barriers to Dental for Prenatal/Postpartum Individuals	<p>1 Support co-located and one-stop service models that offer prenatal, primary care, and dental services in a single setting, particularly in high-need communities.</p> <ul style="list-style-type: none"> • Use wellness vans parked outside of obgyn offices etc. (Y1) 	Y1-2		FQHCs Hospitals managed care plans Tri County Dental Society CHWs PEI BIH
	<p>2 Expand dental provider capacity and readiness to serve pregnant individuals</p> <ul style="list-style-type: none"> • Survey providers on comfort and capacity to serve pregnant individuals (Tri County Dental Society assist with reach) (Y1) • Deliver training and technical assistance where needed (Tri County Dental Society assist with reach) • Create a directory/database and/or utilize existing databases such as Smile CA (Y1) • Disseminate directory and/or “how to use” existing tools to clinics, MCPs, etc. (Y1) • Identify relevant dental school curricula • Provide OBGyns with updated CDC Oral Health guidelines and new preventive techniques and encourage them to relay updated information with their patients via fact sheets. 	Y1-2	<ul style="list-style-type: none"> • Provide OBGyns with updated Oral Health guidelines and encourage them to relay updated information with their patients via fact sheets. Include “negative” side of infections to mom and, especially, baby (see Key Education Points below). 	Healing California
	<p>3 Strengthen care coordination, navigation, and outreach through trusted community partners to assist with referrals, appointment scheduling, follow-up, and connection to dental care.</p>	Y 2-3	<ul style="list-style-type: none"> • CHWs and similar roles (CHWs are well equipped to address common misconceptions and questions). • PEI, BIH, and their partners 	
	<p>4 Reduce transportation and coverage-related barriers by increasing education and promotion related to Medi-Cal dental benefits, enrollment, and available transportation supports for dental appointments. (Y1)</p>	Y 1-2		
	<p>5 Develop/enhance integrated referral, data, and follow-up systems to identify pregnant and postpartum individuals in need of dental care, track referrals, and ensure timely follow-up.</p>	Y 2-4	<ul style="list-style-type: none"> • Include opt-out systems that automatically enroll patients in follow-up communications 	
	<p>6 Expand access through temporary and supplemental service options by hosting and/or sharing information about free dental clinics and mobile services for pregnant and postpartum individuals (Y1)</p>	Y 1	<ul style="list-style-type: none"> • Healing California, Flying Doctors, and other free events 	

Strategy	Action Items	Timeline	Context	Key Partners
Strategy 4: Build Organizational Infrastructure and Use data to inform prenatal oral health strategies	1 Use qualitative and quantitative data to reduce disparities, especially for high-risk communities. <ul style="list-style-type: none"> • Conduct targeted surveys • Analyze access barriers (housing, transportation, insurance gaps) 	Y 2-4		
	2 Engage community voices—especially Black and African American communities			
	3 Use storytelling and trusted messengers to inform improvement efforts and help with the dissemination of information.			
	4 Create a Medical-Dental Integration Workgroup to plan and review the implementation of prenatal and pediatroc OH integration			MCPs, Clinics, Providers