Oral Health Action Plan

Broad Strategy: Establish State Dental Leadership to Manage Public Oral Health Resources and Programs in California					
Objective	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method
Create an Office of Oral	Pass legislation or secure	Statewide oral health	9 months	Department of Public	Office is authorized;
Health and secure the appointment of a Dental Director	Executive Order	leadership and support for the goals of OSHPD's HWDD related to oral health		Health	dental director hired
Secure non-State General Fund resources	Pursue federal and private funding opportunities	Funding for Office and public oral health programs	First quarter 2012; Ongoing	Department of Public HealthCDA	
Develop community-based oral health programs that provide high-quality oral health care in currently unor under-served areas	Develop service programs and supporting funding to provide services in local, underserved communities in sites such as early childhood education and WIC centers, schools, and other similar community settings.	 Increased number of oral health programs throughout California Better utilization of the dental workforce to provide oral health education and prevention services in community sites 	24 months	Department of Public Health	

Broad Strategy: Increase number of RDAEF2 working in community clinics throughout California, particularly in underserved areas					
Objective	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method
Address fiscal and programmatic barriers for primary care clinics to hire RDAEF2 staff	 Identify best practices in current clinics effectively utilizing RDAEF2s Work with OSHPD to identify and access available training and grant funds 	Increased number of culturally competent, locally connected RDAEF2s supporting the provision of dental care in community clinics	12-24 months	• CDA • CPCA • OSHPD	Measure increased numbers of RDAEFs in clinics and increases in the provision of care in these sites
	Develop alternative modalities for training that are adaptable to rural populations				
Support primary care clinics to identify current community-based staff to be trained as RDAEF2	Outreach to clinics and practitioners	Primary care clinics will recruit, train, and retain current staff into the RDAEF2 workforce pipeline	6-18 months	• CDA • CPCA	

Broad Strategy: Optimize use of the dental workforce in underserved communities							
Objective	Activities	Anticipated Outcomes	Timeline	Lead and Resources	Evaluation Method		
Expand partnerships	Facilitate contracting	Increased utilization	6-18	• CPCA			
between local community	arrangements between	of the dental	months	• CDA			
clinics and private	Federally Qualified	workforce and					
practitioners in underserved	Health Centers and	increased access to					
areas and to underserved	private, community-	care in underserved					
populations	based dental practices	areas / to					
		underserved					
		populations					
Provide incentives for	Work with OSHPD's	Increased numbers of	Initial	• CDA			
dentists to practice in the	Health Profession's	dentists working in	efforts 3-5	 OSHPD 			
public health sector	Education Fund to	the public health field	years				
	develop opportunities for	and in underserved					
	scholarship and dental	communities					
	loan repayment						
Broad Strategy: Optimize the RDHAP workforce to provide care to underserved populations							
Objective	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method		
Increase the capacity of	Identify barriers for	Increased number of	6-18	• CDA			
RDHAPs to provide	RDHAPs to provide care	RDHAP's connected to	months	• CAHF			
preventive and periodontal	to institutionalized,	underserved,		UOP Pacific			
care to underserved	homebound and other	institutionalized or		Center for Special			
populations	underserved populations	homebound patients		Care			
	with restricted mobility						

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