Application Checklist

DUE BY 5:00pm on Wednesday, September 20, 2017		
DATE OF SUBMISSION	September 18, 2017	
ORGANIZATION NAME	Fresno County Public Health Department	
Application Contact Name: David Luchini		**Phone Number:** 559-600-6402
E-mail Address: dluchini@co.fresno.ca.us		

The following documents must be completed and submitted with this Application Checklist by 5:00 pm on September 20, 2017, in hard copy and by E-mail.

APPLICATION CONTENTS:	**Please Check**
Application Checklist (This Form)	☒
Grantee Information Form (Document B)	☒
Narrative Summary Form (Document C)	☒
Scope of Work and Deliverables (Document D)	☒
Documentation Checklist for Established LOHPs only (Document E)	☐

Two hard copies and one original must be mailed to:

Regular Mail	*Express Delivery*
Oral Health Program California Department of Public Health P.O. Box 997377, MS 7208 Sacramento, CA 95899-7377	Oral Health Program California Department of Public Health 1616 Capitol Avenue, Suite 74.420 MS-7208 Sacramento, CA 95814 (916) 552-9900

Also e-mail the documents to: DentalDirector@cdph.ca.gov@cdph.ca.gov.

Grantee Information Form

Organization

This is the information that will appear in your grant agreement.

Federal Tax ID # 94-6000512

Name Fresno County Department of Public Heallth

Mailing Address P.O. Box 11867, Fresno, CA 93775

Street Address (If Different) 1221 Fulton Mall, Fresno, CA 93721

County Fresno

Phone 559-600-3200 Fax

Website www.fcdph.org

Grant Signatory

The ***Grant Signatory*** has authority to sign the grant agreement cover.

Name David Pomaville

Title Director, Department of Public Health

If address(es) are the same as the organization above, just check this box and go to Phone ☒

Mailing Address

Street Address (If Different)

Phone 559-600-6401 Fax 559-600-7687

Email dpomaville@co.fresno.ca.us

Project Director

The ***Project Director*** is responsible for all of the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with Oral Health Program staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information.

Name David Luchini

Title Assistant Director, Department of Public Health

If address(es) are the same as the organization above, just check this box and go to Phone ☒

Mailing Address

Street Address (If Different)

Phone 559-600-6402 Fax 559-600-7687

Email dluchini@co.fresno.ca.us

Funding

These are the annual **Funding** amounts your LHJ will accept for grant purposes.

Year 1 (FY 17/18)	$528,856
Year 2 (FY 18/19)	$528,856
Year 3 (FY 19/20)	$528,856
Year 4 (FY 20/21)	$528,856
Year 5 (FY 21/22)	$528,856

Narrative Summary Form
Fresno County Department of Public Health

Fresno County, located in the heart of California's Central Valley, is one of the world's most productive agricultural areas, yet is also among the nation's most impoverished regions. Fresno County is the 6th largest county in California (spanning 6,000 square miles) and contains 15 incorporated and 37 unincorporated cities. Referred to as the "Appalachia of the West," Fresno and the surrounding counties of the San Joaquin Valley are characterized by chronic unemployment, high incidence of poverty, and low levels of educational attainment. Twenty-seven percent of the 946,895 Fresno County residents live in poverty. As described in the Measure of America's "A Portrait of California 2014-15," the state can be categorized into five different Californias based upon the American Human Development (HD) Index. Fresno County's HD not only rates it as part of the "Struggling California" it is also the county within this profile with the largest population.

Only 72.9% of Fresno County residents have received a high school diploma, and just 18.8% have obtained a bachelor's degree or higher (Census, 2012). The county's average 2015 unemployment rate of 10.18% compares to a statewide 2015 average unemployment rate of 6.25% (U.S. Bureau of Labor Statistics 2015). Having one of the fastest growing and most diverse populations, the County has been growing at a rate nearly twice that of California. More than half of Fresno County residents live in a single metropolitan area (nearly 60%). Fresno County is a minority majority County with more than 50% of the population being Latino, 9.6% Asian, 5.9%, African American, 3.0% American Indian/Alaska Native, and 0.1% Native Hawaiian and other Pacific Islander in 2013. 31.9% were White (non-Hispanic). Nearly 43.4% of the County population speaks a primary language other than English at home.

With nearly 50% of our total population enrolled in Medi-Cal and greater than 75% of children aged 0-5 in Medi-Cal, Fresno is ranked as the fourth highest county in the state for proportion of population enrolled in Medi-Cal (DHCS Medi-Cal Quick Stats, September 2015). Currently, data shows that only 44% of 0-20 population return year after year for follow up dental preventive care in Fresno County. Our Medi-Cal children 0-6 years old had a high restorative procedure rate of 46.23% in 2014-15, and a low preventive procedure rate of 53.77% (DHCS Beneficiary Utilization Performance Measures).

Fresno County dentists per 100,000 population is 55.7 versus the California rate of 77.5 (Community Commons' Report, August 2015). There are approximately 813 active dentists licensed in Fresno County (Department of Consumer Affairs – Dental Board of California) and only 147 (18%) are Denti-Cal providers with only 87 (59%) of these providers accepting new patients (DHCS report of Fee For Service Providers).

The Fresno County Smile Survey (February-April 2005) of 1,473 Kindergarten and 3rd grade students who received dental screenings at 18 elementary schools provided a local "snapshot" of the oral health status of children in Fresno County. Sixty-five percent of Kindergarten and almost 80% of 3rd grade students had experienced dental disease. Four out of ten children had untreated dental disease.

Narrative Summary Form
Fresno County Department of Public Health

The need for health services in Fresno County is extensive and well documented. Dental caries, the disease that causes cavities, is an infectious, transmittable, but preventable disease. By focusing on prevention, thousands of lost school days and millions of dollars can be saved.

Fresno County Dental Transformation Initiative (FCDTI) and Fresno Community Health Improvement Partnership (FCHIP) stakeholders have been engaged to support the Fresno County Oral Health Program (FCOHP). In the first year, FCOHP will expand the Advisory Committee around shared mission and values to oversee the needs and asset assessments and work collaboratively to develop the health improvement and evaluation plans. At minimum, the Advisory Committee stakeholder will include DTI staff and contractors, CHDP staff, school districts, Denti-Cal dental providers, federally qualified health clinics, Fresno City College, California State University Fresno, and community based organizations that engage residents for health improvement.

While completing objectives 1 through 5, FCOHP will work with the Advisory Committee to identify target school districts and locations to implement evidence-based programs beginning in year 2 that increase oral health education and administration of sealants and supplements. The introduction to oral health and preventative care will be leveraged to connect families to a primary dental home and DTI services. (Objective 6)

The needs assessment will include the facilitators and barriers to oral healthcare, and gaps in care. With the goal of oral health care integration, informed by the needs assessment, the Advisory Committee will use the health improvement plan to target programs, healthcare providers, and institutions for the development and implementation of prevention and healthcare policies and guidelines. (Objective 7)

The health improvement plan will also include additional prioritized policy, financing, education, dental care, and/or community engagement strategies informed by the needs and asset assessments. The Advisory Committee will work toward the completion of the short and medium-term objectives of these strategies in years 2 through 5. (Objective 11)

The FCHIP Health Literacy and Empowerment Workgroup is working to increase the use of preventative healthcare services by young adults age 18-24. To increase health literacy skills, the group is gathering stakeholders to identify and/or develop interventions that leverage existing infrastructure and programs for youth age 11 to 18. Working collaboratively with the Workgroup, FCOHP will integrate oral health literacy into curricula, programs, and campaigns. Oral health literacy skills will include brushing, flossing, regularly visiting an oral healthcare provider, and reducing sugary beverages. (Objective 9)

FCOHP will use a combination of staff and contracted services to accomplish the scope of work.

Scope of Work and Deliverables
FY 2017-2022

GOAL: The California Department of Public Health, Oral Health Program (CDPH/OHP) shall grant funds to Local Health Jurisdictions (LHJ) from Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56) for the purpose and goal of educating about oral health, dental disease prevention, and linkage to treatment of dental disease including dental disease caused by the use of cigarettes and other tobacco products. LHJs are encouraged to implement the strategies recommended in the California Oral Health Plan and shall establish or expand upon existing Local Oral Health Programs (LOHP) to include the following program activities related to oral health in their communities: education, dental disease prevention, linkage to treatment, surveillance, and case management. These activities will improve the oral health of Californians.

Objectives 1-5 below represent public health best practices for planning and establishing new LOHPs. LHJs are required to complete these preliminary Objectives before implementing Objectives 6-11 outlined below. LHJs that have completed these planning activities may submit documentation in support of their accomplishments. Please review the LOHP Guidelines for information regarding the required documentation that must be submitted to CDPH OHP for approval.

Objective 1: Build capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.

Create a staffing pattern and engage community stakeholders to increase the capacity to achieve large-scale improvements in strategies that support evidence-based interventions, health system interventions, community-clinical linkages, and disease surveillance and evaluation. At a minimum an Oral Health Program Coordinator position should be developed to coordinate the LOHP efforts. Recruit and engage key stakeholders to form an Advisory Committee or task force. Convene and schedule meetings, identify goals and objectives, and establish communication methods. This group can leverage individual members' expertise and connections to achieve measurable improvements in oral health.

Objective 2: Assess and monitor social and other determinants of health, health status, health needs, and health care services available to California communities, with a special focus on underserved areas and vulnerable population groups.

Identify partners and form a workgroup to conduct an environmental scan to gather data, create an inventory of resources, and plan a needs assessment. Conduct a needs assessment to determine the need for primary data, identify resources and methods, and develop a work plan to collect missing data. Collect, organize, and analyze data. Prioritize needs assessment issues and findings, and use for program planning, advocacy, and education. Prepare a report and publish widely.

Scope of Work and Deliverables
FY 2017-2022

Objective 3: Identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.

Take an inventory of the jurisdiction's communities to identify associations, organizations, institutions and non-traditional partners to provide a comprehensive picture of the LHJ. Conduct key informant interviews, focus groups, and/or surveys, create a map, and publish the assets identified on your website or newsletter.

Objective 4: Develop a Community Health Improvement Plan (CHIP) and an action plan to address oral health needs of underserved areas and vulnerable population groups for the implementation phase to achieve local and state oral health objectives.

Identify a key staff person or consultant to guide the community oral health improvement plan process, including a timeline, objectives, and strategies to achieve the California Oral Health Plan. Recruit stakeholders, community gatekeepers, and non-traditional partners identified in the asset mapping process and members of the AC to participate in a workgroup to develop the CHIP and the Action Plan. The Action Plan will a timeline to address and implement priority objectives and strategies identified in the CHIP. The workgroup will identify the "who, what, where, when, how long, resources, and communication" aspects of the Action Plan.

Objective 5: Develop an Evaluation Plan that will be used to monitor and assess the progress and success of the Local Oral Health Program.

Participate with the CDPH OHP to engage stakeholders in the Evaluation Plan process, including those involved, those affected, and the primary intended users. Describe the program using a Logic Model, and document the purpose, intended users, evaluation questions and methodology, and timeline for the evaluation. Gather and analyze credible evidence to document the indicators, sources, quality, quantity, and logistics. Justify the conclusions by documenting the standards, analyses, interpretation, and recommendations. Ensure that the Evaluation Plan is used and shared.

Objective 6: Implement evidence-based programs to achieve California Oral Health Plan objectives.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to increase the number of low-income schools with a school-based or school-linked dental program; increase the number of children in grades K-6 receiving fluoride supplements, such as fluoride rinse, fluoride varnish, or fluoride tablets; increase the number of children in grades K-6 receiving dental sealants and increase or maintain the percent of the population receiving community fluoridated water.

Scope of Work and Deliverables
FY 2017-2022

Objective 7: Work with partners to promote oral health by developing and implementing prevention and healthcare policies and guidelines for programs, health care providers, and institutional settings (e.g., schools) including integration of oral health care and overall health care.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: convene partners (e.g., First 5, Early Head Start/Head Start, Maternal Child and Adolescent Health (MCAH), Child Health and Disability Prevention (CHDP), Black Infant Health (BIH), Denti-Cal, Women, Infant and Children (WIC), Home Visiting, schools, community-based organizations, etc.) to improve the oral health of 0-6 year old children by identifying facilitators for care, barriers to care, and gaps to be addressed; and/or increase the number of schools implementing the kindergarten oral health assessment by assessing the number of schools currently not reporting the assessments to the System for California Oral Health Reporting (SCOHR), identifying target schools for intervention, providing guidance to schools, and assessing progress.

Objective 8: Address common risk factors for preventable oral and chronic diseases, including tobacco and sugar consumption, and promote protective factors that will reduce disease burden.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: increase the number of dental offices providing tobacco cessation counseling; and/or increase the number of dental office utilizing Rethink Your Drink materials and resources to guide clients toward drinking water, especially tap water, instead of sugar-sweetened beverages.

Objective 9: Coordinate outreach programs, implement education and health literacy campaigns, and promote integration of oral health and primary care.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: increase the number of dental offices, primary care offices, and community-based organizations (CBO) (e.g., Early Head Start/Head Start, WIC, Home Visiting, BIH, CHDP, Community Health Worker/Promotora programs, etc.) using the American Academy of Pediatrics' Brush, Book, Bed (BBB) implementation guide; and/or increase the number of dental offices, primary care clinics, and CBOs using the Oral Health Literacy implementation guide to enhance communication in dental/medical offices; and/or increase the number CBOs that incorporate oral health education and referrals into routine business activities.

Scope of Work and Deliverables
FY 2017-2022

Objective 10: Assess, support, and assure establishment and improvement of effective oral healthcare delivery and care coordination systems and resources, including workforce development and collaborations to serve vulnerable and underserved populations by integrating oral health care and overall health care.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: regularly convene and lead a jurisdiction-wide Community of Practice comprised of Managed Care Plans, Federally Qualified Health Centers, CBOs, and/or Dental Offices focused on implementing the Agency for Health Care Research and Quality's Design Guide for Implementing Warm Handoffs in Primary Care Settings or the ; and/or identifying a staff person or consultant to facilitate quality improvement coaching to jurisdiction-wide Community of Practice members focused on increasing the number of at-risk persons who are seen in both a medical and dental office; and/or improve the operationalization of an existing policy or guideline, such as the increasing the number of infants who are seen by a dentist by age 1; and/or promote effectiveness of best practices at statewide and national quality improvement conferences.

Objective 11: Create or expand existing local oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: create a new (or expand an existing) Oral Health Network, Coalition, or Partnership by identifying key groups and organizations; planning and holding meetings; defining issues and problems; creating a common vision and shared values; and developing and implementing an Action Plan that will result in oral health improvements. LHJs are also encouraged, where possible, to collaborate with local Dental Transformation Initiative (DTI) Local Dental Pilot Projects to convene stakeholders and partners in innovative ways to leverage and expand upon the existing momentum towards improving oral health. LHJs that are currently implementing local DTI projects should develop complementary, supportive, but not duplicative activities.

Scope of Work and Deliverables
FY 2017-2022

DELIVERABLES/OUTCOME MEASURES: LHJs are encouraged to implement the strategies recommended in the California Oral Health Plan. Funds are made available through Prop 56 to achieve these deliverables. The activities may include convening, coordination, and collaboration to support planning, disease prevention, education, surveillance, and linkage to treatment programs. To ensure that CDPH fulfills the Prop 56 requirements, LHJs are responsible for meeting the assurances and the following checked deliverables. Deliverables not met will result in a corrective action plan and/or denial or reduction in future Prop 56 funding.

Local Health Jurisdiction Deliverables

Deliverable	Activities	Selected deliverable
Deliverable 1 *Objective 1*	Develop Advisory Committee/Coalition/Partnership/Task Force (AC) and recruit key organizations/members representing diverse stakeholders and non-traditional partners. A. List of diverse stakeholders engaged to develop and mentor the Community Health Improvement/Action Plan. B. List number of meetings/conference calls held to develop a consensus of AC to determine best practice to address priorities and identify evidence-based programs to implement. C. Develop communication plan/methods to share consistent messaging to increase collaboration. D. Develop a consensus on how to improve access to evidence based programs and clinical services.	☒
Deliverable 2 *Objective 1*	Document staff participation in required training webinars, workshops and meetings.	☒
Deliverable 3 *Objective 2 & 3*	Conduct needs assessment of available data to determine LHJs health status, oral health status, needs, and available dental and health care services to resources to support underserved communities and vulnerable population groups.	☒
Deliverable 4 *Objective 4*	Five-year oral health improvement plan (the "Plan") and an action plan (also called the "work plan"), updated annually, describing disease prevention, surveillance, education, linkage to treatment programs, and evaluation strategies to improve the oral health of the target population based on an assessment of needs, assets and resources.	☒
Deliverable 5 *Objective 5*	Create a program logic model describing the local oral health program and update annually	☒
Deliverable 6 *Objective 5*	Coordinate with CDPH to develop a surveillance report to determine the status of children's oral health and develop an evaluation work plan for Implementation objectives.	☒

Scope of Work and Deliverables
FY 2017-2022

Deliverable	Activities	Selected deliverable
Deliverable 7 *Objective 6* School- Based/ School Linked	Compile data for and report annually on educational activities, completing all relevant components on the Data Form: A. Schools meeting criteria of low-income and high-need for dental program (>50% participation in Free or Reduced Price Meals (FRPM) participating in a fluoride program. B. Schools, teachers, parents and students receiving educational materials and/or educational sessions. C. Children provided preventive services.	☒
Deliverable 8 *Objective 6* School-Based/ School-Linked	Compile data for and report annually on School-based/linked program activities, completing all relevant components on the Data Form: A. Schools meeting criteria of low-income and high-need for dental program (>50% participation in Free or Reduced Price Meals (FRPM) participating in a School-based/linked program. B. Schools, teachers, parents and students receiving dental sealant educational materials and/or educational sessions. C. Children screened, linked or provided preventive services including dental sealants.	☒
Deliverable 9 *Objective 6* Fluoridation	Compile data for and report annually on Community Water Fluoridation program activities, completing all relevant components on the Data Form: A. Regional Water District engineer/operator training on the benefits of fluoridation. B. Training for community members who desire to educate others on the benefits of fluoridation at Board of Supervisor, City Council, or Water Board meetings. C. Community-specific fluoridation Education Materials D. Community public awareness campaign such as PSAs, Radio Advertisements	☒
Deliverable 10 *Objective 7* Kinder-Assessment	Compile data for and report annually on kindergarten oral health assessment activities, completing all relevant components on the Data Form: A. Schools currently not reporting the assessments to SCHOR B. Champions trained to promote kindergarten oral health assessment activities	☒

Scope of Work and Deliverables
FY 2017-2022

Deliverable	Activities	Selected deliverable
	C. Community public relations events and community messages promoting oral health. D. New schools participating in the kindergarten oral health assessment activities. E. Screening linked to essential services. F. Coordination efforts of programs such as kindergarten oral health assessment, WIC/Head Start, pre-school/school based/linked programs, Denti-Cal, Children's Health and Disability Prevention Program, Home Visiting and other programs.	
Deliverable 11 *Objective 7*	Compile data for and report annually on tobacco cessation activities, completing all relevant components on the Data Form: A. Assessment of readiness of dental offices to provide tobacco cessation counseling. B. Training to dental offices for providing tobacco cessation counseling. C. Dental offices connected to resources	☒
Deliverable 12 *Objective 8*	Compile data for and report annually on Rethink Your Drink activities, completing all relevant components on the Data Form: A. Assessment of readiness of dental offices to implement Rethink Your Drink materials and resources for guiding patients toward drinking water. B. Training to dental offices for implementing Rethink Your Drink materials. C. Dental offices connected to resources	☐
Deliverable 13 *Objective 9*	Compile data for and report annually on health literacy and communication activities, completing all relevant components on the Data Form: A. Partners and champions recruited to launch health literacy campaigns B. Assessments conducted to assess opportunities for implementation C. Training and guidance provided D. Sites/organizations implementing health literacy activities	☒
Deliverable 14 Objective 10	Compile data for and report annually on health care delivery and care coordination systems and resources, completing all relevant components on the Data Form: A. Assessments conducted to assess opportunities for implementation of	☐

Scope of Work and Deliverables
FY 2017-2022

Deliverable	Activities	Selected deliverable
	community-clinical linkages and care coordination B. Resources such as outreach, Community of Practice, and training developed C. Providers and systems engaged	
Deliverable 15 *Objective 11*	Compile data for and report annually on community engagement activities, completing all relevant components on the Data Form: A. Develop a core workgroup to identify strategies to achieve local oral health improvement. B. Provide a list of community engagement strategies to address policy, financing, education, and dental care.	☒
Deliverable 16 *Objective 1-11*	**Progress reporting:** submit bi-annual progress reports describing in detail progress of program and evaluation activities and progress towards completing deliverables. Provide documentation in sufficient detail to support the reported activities on planning and intervention activities for required and selected objectives.	☒
Deliverable 17 *Objective 1-11*	**Expense documenting:** submit all expenses incurred during each state fiscal year with the ability to provide back-up documentation for expenses in sufficient detail to allow CDPH-OHP to ascertain compliance with Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 Likewise, provide biannual Progress Reports describing in detail the program activities conducted, and the ability to provide source documentation in sufficient detail to support the reported activities.	☒