

## **FY2023 Noncompeting Continuation (NCC) Progress Report Performance Narrative**

**Grant D04RH40286**

**Rural Health Care Services Outreach Program Grant – Oral Health Co-Location**

**Samaritan Pacific Communities Hospital**

**Project Director – Shelagh Baird**

**Reporting Period - May 1, 2022 – April 30, 2023**

### **Project Progress**

1. Please describe progress on each grant funded activity during this grant period (May 1, 2022 – April 30, 2023) completed to date. Complete responses include a description that addresses the following:
  - a) Fulfillment of current project work plan activities, goals, and objectives
  - b) Any resulting outcomes that have occurred
  - c) Any needed adjustments. Please refer to the most recently approved work plan in specifying adjustments and modifications. Please ensure your response aligns/supplements the content submitted under Attachment #1.

The Oral Health Co-Location project has continued to make significant progress toward meeting the Year Two project goals and objectives detailed in the workplan. The Expanded Practice Dental Hygienist (EPDH) continued to see patients at Samaritan North Lincoln Hospital (SNLH), fine-tune her workflow, strengthen her relationships with other hospital providers, and participate in outreach activities, as well as attend regular coalition and subcommittee meetings. Her success has been predicated on strong buy-in from SNLH leadership, clinicians, and staff, which was in turn contingent on her continued dedication, integration into onsite culture and teams, and commitment to providing high quality oral health care and education in a rural critical access hospital. Cooperation is an overarching theme of the oral health grant; an integral component of this project's success lies in the Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon, which continues to serve as the Coast to the Cascades Community Wellness Network (CCCWN) Oral Health Subcommittee. Standing monthly meetings provide valuable expertise and guidance that support the successful implementation of grant objectives and activities.

This project was initially scheduled to commence at a second hospital, Samaritan Pacific Communities Hospital (SPCH) at the beginning of grant Year Two (May 1, 2022 – April 30, 2023 reporting period); however, due to severe internal workforce shortages, the intended partner, Advantage Dental Care was unable to continue participating in the project. Capitol Dental Care agreed to increase their engagement and provide EPDH services at SPCH. Capitol Dental Care was able to identify two existing employees to fill the EPDH role at SPCH, and the project director worked with key hospital leadership and the EPDHs to complete site-specific orientation and onboarding. The SPCH credentialing process was finalized in December 2022 for two EPDHs and will be finalized by early March for another EPDH. They will have full privileges. However, the process of amending the Care Coordination Agreement and credentialing the EPDHs for SPCH did delay progress on several SPCH-specific workplan activities.

Despite these setbacks, the project has successfully provided high-quality oral health care; between May 1, 2022 and January 25, 2023, the EPDH at SNLH provided 423 episodes of care to 404 unique patients. Further, the project director and the network director kickstarted a media campaign to promote the relationship between good oral health and overall health and health outcomes, and in particular, the importance of oral health care for people with chronic conditions, like diabetes, and for pregnant women. The project director is working with an Oregon-based marketing agency, AHM Brands, to develop appropriate messaging and materials for distribution throughout Lincoln County by the end of Year Two (April 30, 2023). Additionally, the project and network directors and AHM representatives have initiated conversations with key community leaders from the Latinx community in Lincoln County to ensure that materials and other outreach efforts will be available in Spanish. As the grant moves into Years Three and Four, the grant team and community partners will explore avenues to expand messaging to the local Mam-speaking indigenous Guatemalan population. Media campaign materials created in Year Two will continue to be available to disseminate in Lincoln County for the duration—and beyond—the length of the grant.

Oral Health promotion and education efforts in Year Two were not limited to developing the media campaign; the Capitol Dental Care partners and the project director and CEOs of SNLH, SPCH, and Samaritan Lebanon Community Hospital (SLCH) presented about this project at the National Oral Health Conference and the National Rural Health Association’s Critical Access Hospital Conference, respectively. All members of the grant team were inaugural members of the Oral Health Collaborative of Oregon (OHCO), a statewide advocacy group formed in June 2022 comprising oral health providers, policymakers, and community leaders that seeks to elevate the “importance of oral health as part of overall health” in Oregon. Sustained activity in these ongoing collaborative meetings, as well as regional and national conferences, has garnered substantial interest in this innovative approach to integrating oral health into primary care. The grant team has met with organizations in West Virginia, Minnesota, and Oregon that are interested in replicating this model.

The project director and the incoming EPDH will work together to plan and host an annual oral health training opportunity for staff and providers at both rural hospitals in Lincoln County by the end of the Year Two reporting period. As with Year One, many of the activities listed in the work plan are contingent on ongoing efforts over the life of the grant, so despite sustained progress on grant funded activities, several items in the work plan remain in an “In Progress” status.

Year Two accomplishments, building on strong results from Year One and coupled with ongoing positive reactions from patients, SNLH staff and leadership, and community and coalition partners, bode well for the continued successful implementation of this innovative approach to improving the overall health of our rural communities.

2. Describe how your grant project’s work plan for the upcoming grant period (May 1, 2023 – April 30, 2024) will align with the goals of your funded Outreach Program grant project. Please discuss any anticipated programmatic changes by addressing the following, if applicable:
  - a) Why the described changes are necessary?

- b) How these changes will impact meeting project goals and objectives, and;
- c) Indication of changes in your project work plan provided under Attachment #1.

To date, we do not anticipate any programmatic changes. Year Two project activities will focus on continuing and strengthening the services provided by the EPDH at SNLH, as well as expanding the program into a second hospital (SPCH). The challenges the grant team (SHS project director and network director, Capitol Dental Care EPDHs and Director of Community Outreach) overcame in Years One and Two provided valuable lesson that will continue to streamline future credentialing, site orientation, and materials and equipment processes for SPCH.

Capitol Dental Care recruited and hired a full-time EPDH in January 2023 who will be working 0.5 FTE at SPCH and 0.5 FTE at SNLH when her credentialing process is finalized. The current EPDHs will maintain their SHS credentialing and will be available to support the grant activities as needed. The overlap provides the opportunity for the incoming EPDH to meet with hospital staff and leadership, conduct site-specific onboarding and orientation, and learn workflow and data collection processes from the current EPDHs. This personnel shift is not anticipated to impact any programmatic activities.

The Project Director meets monthly with the grant evaluator and the two EPDHs to identify and address potential data collection challenges. The grant team likewise convenes regularly with the CCCWN Oral Health Subcommittee to share progress, solicit feedback, and identify potential opportunities for outreach or program improvement. The EPDH at SNLH and SPCH will continue to offer educational services to staff at each of the two hospitals. Grant activities established in Years One and Two will continue.

The EPDH at SNLH has established strong relationships with staff and providers at both participating hospitals, which will be instrumental in the continued provision of oral health screenings and care for patients at this facility. The positive reaction to this project in the county also provides a strong framework for developing a sustainability to ensure that improvements in oral and overall health as a result of this project can continue long beyond the end of the grant.

### **Project Staffing Plan**

1. Briefly describe any changes and/or updates to your grant project's staffing plan that occurred during the current grant period (May 1, 2022 – April 30, 2023) to date, if applicable.

KayLynn Todd, the EPDH hired by Advantage Dental Care to work at Samaritan Pacific Communities Hospital in Newport, OR completed the requisite credentialing and was prepared to commence grant activities at SPCH. However, due to widespread workforce shortages, Advantage Dental Care was unable to continue partnering on this grant. In October 2022, Capitol Dental Care agreed to expand their participation in the grant and began recruiting to hire an additional EPDH. In the interim, Karen Hall, the current EPDH at SNLH, and Carrie McHill, a Capitol Dental Care EPDH working in similar setting at Samaritan Lebanon Community Hospital, agreed to work one day per week at SPCH and

were both credentialed to practice in that facility. Subsequently, Capitol Dental Care hired a full-time EPDH, Savanna Sam, who is currently in the credentialing process for both SNLH and SPCH. Once she is fully credentialed, she will split her time between the two hospitals, replacing both Karen Hall and Carrie McHill. This is anticipated to occur in March 2023.

2. Please specify any staffing plan changes anticipated to occur in the upcoming grant period (May 1, 2023-April 30, 2024), if applicable. Complete responses address any impacts on project implementation anticipated as a result of the staffing plan changes identified. Responses should align with position descriptions and/or resumes provided under Attachment #2 for all positions where grant support is requested.

We do not anticipate any additional staffing plan changes in Year 3.

### **Challenges, Barriers and/or Unresolved Issues**

1. Describe any significant challenges, barriers, or unresolved issues in your project during this current grant period (May 1, 2022 – April 30, 2023) to date, including those that may have affected your ability to complete activities in your work plan. Explain how these challenges were resolved or steps that are being taken to address these issues.

A small but important barrier to expanding access to oral health care continues to be a general lack of awareness about dental coverage. For example, many patients simply do not know they have any dental coverage through Oregon Health Plan. A key component of this project is oral health education, and the EPDH has been able not only educate patients and staff on good oral hygiene and the links between oral health and overall health but has also been able to educate patients on their dental coverage and link them to additional oral health resources in the region.

Finally, as previously discussed, widespread workforce shortages across all sectors of healthcare negatively impacted Advantage Dental Care's ability to participate in this project. This led to a lengthy delay as the grant team worked to develop an alternative plan to ensure grant objectives and activities would be met.

2. If applicable, briefly describe up to the three of the biggest challenges to your Outreach grant project presented by COVID-19 since May 1, 2022. Include what the challenge is/was and steps your organization took to mitigate or if it is ongoing.

Supply chain issues related to COVID-19 that created unanticipated delays in procuring equipment, materials, and supplies in Year One were largely resolved in Year Two. The EPDH has been able to successfully adapt to SHS COVID-19 policies and provide the services and outreach detailed in the grant workplan.

### **Outcomes & Accomplishments**

1. Please list the major project outcomes accomplished during the current grant period (May 1, 2022 - April 30, 2023) to date, as a result of your funded grant project. Outcomes provided must:
  - a) Be quantitative or qualitative and;

- b) Demonstrate project impact directly related to your grant project’s target patient population(s).

An overarching accomplishment of Year Two efforts was the sustained efforts of the project team, partners, and hospital leadership that enabled the successful implementation of this important work. Between May 1, 2022 and January 25, 2023, the EPDH provided 423 episodes of care to 404 unique patients, 400 of which were captured via the Smart Text tool in EPIC. These data are provided in further detail in the table below. The EPDH has been instrumental in increasing awareness about this project in both the hospital and in the community through regular participation in department meetings, interviews on the local radio station, and outreach to community leaders. Not only has this generated significant interest in sustaining and expanding this model but it enables the EPDH to connect patients with resources and follow-up care outside the scope of the project that focuses on improving overall oral health outcomes in the community. The project director also regularly updates to the CCCWN, SPCH, SNLH leadership, and key community partners on project activities and progress.

Table 1: Oral health services and information documented at encounters May 1, 2022 – December 31, 2022

	<b>Total (N=400)</b>
<b>Dental Health Barriers</b>	
Cost	33
Scheduling/availability of appointments	36
Dental care is low priority	4
Fear/bad experiences	19
Transportation	14
<b>Dental Coverage</b>	
Unknown	138
Patient has dental insurance but was not aware of it	18
Patient has dental insurance and was aware of it	151
Patient does not have dental insurance	49
<b>Oral Health Services Provided</b>	
Screening/assessment	407
Varnish	101
Oral cancer screen/cancer risk assessment	215
Oral health education	186
Tele-dentistry exam	4
Silver Diamine Fluoride varnish	14
<b>Other Dental Actions Provided</b>	
Oral prophylaxis	4
Referred to dental home	111
Discussed OHP enrollment	12
Voucher given	1

## Project Models, Data & Sustainability

1. Describe the strategies utilized for project data collection, utilization, and dissemination completed during the current grant period (May 1, 2022 – April 30, 2023) to date. Please also include any updates to your project's *Assessment Plan*.

The data collection tools developed by the project director, evaluator, and the EPDH in Year One have been fine-tuned and allow for the collection of robust, reliable data that align with our reporting requirements and ensure that we are accurately tracking project activities. The primary focus of data collection in Year Two has been capturing the types of work completed by the EPDH via the Smart Text tracking tool in Epic that was launched in April 2022. This tool complements the standard patient documentation with discrete capture of grant-related activities and outcomes, as well as non-clinical data such as barriers to accessing dental care. In addition to ensuring we meet reporting requirements; these data will help us better understand the oral health needs of our communities and to identify program strengths and weaknesses. The project evaluator meets with the project director monthly to understand ongoing challenges and successes. We have made no updates to the Assessment Plan.

2. Provide any sustainability strategies and/or activities implemented during this current grant period (May 1, 2022 – April 30, 2023) to date.

The CCCWN and project partners are committed to sustaining program efforts beyond the life of the grant to continue improving the overall health of our communities. We will build on the strong foundation the CCCWN provides, leveraging strategic partnerships with other community organizations, and explore measures to promote financial sustainability. The Oral Health Subcommittee, which meets monthly, has discussed the importance of identifying and developing strategies to establish financial sustainability. Further, by creating the custom SmartText embedded in Epic, we have a sustainable and low-effort way to track the impact of the grant. These data will be instrumental in helping us communicate the benefits of this model and to show value to potential future funders.

## Collaboration & Capacity Building

1. Have there been any changes in the number or participation of your program's consortium partners during this current grant period (May 1, 2022 – April 30, 2023) to date? If yes, please explain. Complete responses include:
  - a) Any changes and/or new partnership(s) leveraged, including the type of organization(s), and type of partner (i.e., which are considered primary partners who have signed an MOU, and which are considered secondary partners who do not have a formal MOU for your grant) and;
  - b) How your organization leveraged any new partnership(s) identified.

There have been no significant changes to the program's consortium during Year Two. However, the Oral Health Subcommittee, which comprises a variety of oral health experts from across our region and provides this project with technical expertise, continues to seek new opportunities for partnership and collaboration. Through continued promotion of this model within the consortium and at national conferences, members of the grant team have met with several oral health organizations that expressed interest in replicating this innovative model in their own

communities; however, these were not formalized partnerships. Continued collaboration within the existing coalition has furthered our ongoing efforts to improve the oral health of uninsured, underinsured, unhoused and/or low-income adults and children in rural Lincoln County.

2. Have there been any changes to the 66% or two thirds rural composition of primary consortium partners (i.e., those who have signed a formal MOU for your outreach grant project) during the current grant period (May 1, 2022 – April 30, 2023)? If yes, please address the following:
  - a) Describe the steps your project will take in the upcoming grant period to ensure continued engagement and representation of rural partners and community members, as it relates to the distribution of grant funds and implementation of grant services/activities.
  - b) Provide an updated list of consortium partners (included as documentation provided under Attachment #3) that lists organization name, EIN number and organizational address for all partners who have signed, or will be signing, a formal MOU for your outreach grant project.

N/A

### **Telehealth, Telemedicine & Mobile Technology**

*Instructions:* All grantees are required to provide a response to the below questions regarding telehealth for this current grant period (May 1, 2022 – April 30, 2023) to date. If the question does not apply to your program, please respond with N/A.

1. For projects who have utilized telehealth during the current grant period (May 1, 2022 – April 30, 2023) Briefly describe the telehealth activities and/or services implemented to date.  
N/A
2. What are your project's Technical Assistance, staffing capacity, and/or technology needs in order implement telehealth?  
N/A
3. Have you used or interacted with one or more HRSA-funded Telehealth Resource Centers (TRC)? If yes, which TRC and what was most valuable about that experience?  
N/A
4. What was the biggest challenge to implementing telehealth for your project?  
N/A
5. Are there any billing and /or policy barriers or facilitators that have affected utilization of telehealth for your project? If so, please describe any such barriers any facilitators.  
N/A
6. How has utilization of telehealth helped to alleviated challenges and/or barriers for your organization and/or the rural community members your project serves? Please describe the specific challenges or barriers telehealth has helped to improve (i.e., transportation,

access to providers, health outcomes, etc.) and, if possible, please include background and a specific, de-identified, example.

N/A

## Health Equity

*Instructions:* Responses to questions in this section are optional. If the question does not apply to your program, please respond with N/A.

1. Based on populations you engage with, describe the populations, subpopulations and/or underserved communities who have historically suffered from poorer health outcomes, health disparities, and other inequities. These populations may include, but are not limited to: racial and ethnic minorities, members of religious minorities, LGBTQ+ persons, persons with disabilities, and persons otherwise adversely affected by persistent poverty or inequality. When possible, if applicable, please include data in support of your response provided.
2. Explain how your project meets the needs of your service area, and reduces barriers (social, cultural, infrastructure, etc.) that affect the health status of populations you engage with.

The population this project serves includes the following subpopulations who have historically suffered poorer health outcomes and health disparities in our region. The media campaign will include specific messaging to reach these populations.

- Hispanic, Limited English speakers, people with disabilities and other Underrepresented communities
- Members of the Confederated Tribes of the Siletz Indians
- Residents who are unhoused
- Uninsured and Underinsured community members
- Pregnant women

The CCCWN will work closely with representatives from the Confederated Tribes of the Siletz Indians to ensure that oral health education reaches tribal members and that project services are presented and conducted in a way that is culturally appropriate.

Members of the homeless population are some of the most frequent presenters at the Emergency Department (ED) with dental pain. The EPDH has been trained in how to effectively communicate with individuals who are unhoused, as well as to provide specific strategies that individuals can utilize to support oral health while unhoused. Along with the unhoused populations in the community, uninsured and underinsured community members are frequent users of the EDs for dental pain. The EPDH has been a valuable resource in linking uninsured and underinsured clients with additional community resources, as well as helping determine eligibility for dental coverage.



**Attachment 1: Work Plan**

**Grant DO4RH40286  
Rural Health Care Services Outreach Program Grant - Oral Health Co-Location  
Samaritan Pacific Communities Hospital and Samaritan North Lincoln Hospital  
Project Director – Shelagh Baird**

**Definitions of Acronyms:**

EPDH Expanded Practice Dental Hygienist  
SHS Samaritan Health Services  
SNLH Samaritan North Lincoln Hospital  
SPCH Samaritan Pacific Communities Hospital

**Color Key:**

**Green** Activities completed between 05/01/2022 – 12/31/2022  
**Yellow** Activities started during 05/01/2022 – 12/31/2022  
**Red** Activities not yet started during 05/01/2022 – 12/31/2022

<b>Goal 1: By April 30, 2025, integrate oral health with physical health in two rural hospitals in Lincoln County.</b>							
<b>Objectives</b>	<b>Activities</b>	<b>Progress Measures</b>	<b>Outcomes Measures</b>	<b>Timeline</b>	<b>Persons Responsible</b>	<b>Progress</b>	<b>Notes</b>
Develop a four-year strategic plan to integrate an EPDH in Samaritan Pacific	Formalize consortium (CCCWN/Oral Health Subcommittee)	Consortium established	Consortium MOA	May-June 2021	Consortium Director, Project Director	Completed	The Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon agreed to act as the CCCWN Oral Health Subcommittee for the grant.
Communities Hospital and Samaritan North Lincoln Hospital.	Develop Four-Year Strategic Plan	Evaluator, Consultant, Project Director, Network Director and Oral Health Subcommittee are convened to develop Strategic Plan.	Strategic Plan is developed.	May 2021 – April 2022	Project Evaluator, Consultant, Project Director, Oral Health Subcommittee	Completed	Strategic Plan submitted to HRSA on March 14, 2022.

	Develop Assessment Plan	Evaluator, Consultant and Project Director meet to collect data and develop Assessment Plan.	Assessment Plan is developed.	May 2021 – November 1, 2021	Project Evaluator, Consultant, Project Director	Completed	The Assessment Plan was submitted to HRSA on October 29, 2021.
	Develop Sustainability Plan	Oral Health Subcommittee, Project Director and Consultant meet monthly to develop Sustainability Plan.	Sustainability Plan is developed.	Jan 2025	Oral Health Subcommittee, PD	Completed	Sustainability Plan submitted to HRSA on March 14, 2022
Develop workflows to ensure effective integration of EPDH into hospital care team.	EPDH participates in staff meetings at hospital.	EPDH attends hospital staff meetings.	EPDH role is established within the hospital	Aug 2021 – ongoing	EPDH	Completed (Ongoing)	Project Director coordinated with key hospital staff to include EPDH in monthly department meetings with ICU/Med Surg, Management Council, and the Emergency Dept. team. This will be ongoing through the duration of the grant.
	Develop referral points to enroll eligible patients in OHP and assign dental provider to enable referral and follow up care	EPDH will work with appropriate hospital staff to develop a referral process for patients.	Referral process established	Sept 2021 – April 2025	EPDH, PD, SNLH / SPCH staff	Completed (New, SPCH)	EPDH at SNLH and SPCH has met with COO and other key hospital staff in-person orientation and to discuss workflow and referrals.
	Develop protocols to ensure continuity of services, such as the voucher programs	EPDH will work with Lincoln County Oral Health Coalition and the Regional Oral Health Coalition to expand the voucher services and other programs to ensure continuity of dental services.	Protocols to connect patient to additional dental services are established	August 2021	PD, EPDH Lincoln County Oral Health & Regional Oral Health Coalition	Completed	Voucher & Patient Responsibility Form available for EPDH use at SNLH on March 4, 2022.

	Convene monthly meetings to problem solve and make ongoing program improvements	EPDH will identify challenges in implementing the project.	Monthly meetings convened	August 2021 – April 2025	SLNH/SPCH CEO, CD, AD	Started (Ongoing)	Karen Hall has been onsite at SLNH and documenting progress & challenges around onboarding and implementing program activities.
	Provide monthly updates to Oral Health Subcommittee	EPDH will provide monthly updates on progress and challenges.	Progress updates provided	August 2021 – April 2025	EPDH	Started (Ongoing)	(See above.)
	Finalize agreement between hospital and Capital Dental Care	EPDH & PD will develop and finalize operational agreements with hospitals and partner organizations	Agreement in place	August 2021	PD, SNLH, SPCH, Capitol Dental Care	Completed (New)	SHS and Capitol Dental signed the Care Coordination Agreement on 11/11/2021, and an amended agreement sent to Capitol Dental January 2023.
	Identify location for EPDH in the hospital	List of possible sites created, meetings with appropriate department heads conducted	EPDH ‘home’ in hospital established	June 2021 March 2022	SNLH SPCH	Completed	The EPDH met with key hospital staff at SNLH and SPCH for in-person orientation.
	Order equipment	List of equipment generated	Purchase order submitted	July -Aug 2021 Mar -Apr 2022	Capitol Dental Care	Completed (New, SPCH)	Equipment procured for both hospitals.
	Hire EPDH	EPDH position posted, interviews scheduled	EPDH hired and onsite	Nov. 2021 (SNLH) Jan. 2023 (SPCH)	Capitol Dental Care	Completed (New)	Savanna Sam will start as new EPDH at hospitals pending SHS credentialing.
	Establish billing protocols by end of grant to ensure sustainability	EPDH will work with Samaritan Health Services Regional Business Office to identify billable services.	Billing process established	April 2025	SHS Regional Billing Office, EPDH, PD	Not Started	

<b>Goal 2: By April 30, 2025 provide oral health services and connections to follow up services for SLNH and SPCH patients.</b>							
<b>Objectives</b>	<b>Activities</b>	<b>Progress Measures</b>	<b>Outcomes Measures</b>	<b>Timeline</b>	<b>Persons Responsible</b>	<b>Progress</b>	<b>Notes</b>
EPDH provides oral health services in hospital setting.	Conduct oral health patient assessments, provide services such as cleaning, triage, fluoride varnish, x-rays, consult with offsite dentist, develop treatment plan, demonstrate patient-specific oral health protocol to nursing staff as appropriate	Track number of patients that medical provider refers to EPDH (submits “order” in medical record)	# of patients referred and that receive oral health services	Sept 2021 – April 2025, daily	EPDH	Started (Ongoing)	New EPDH will start at SPCH & SNLH in early March 2023.
EPDH provides continuity of care for patients upon leaving the hospital.	Link uninsured and underinsured patients in need of additional oral health services to local dental provider under the voucher program.  Link insured patients in need of additional oral health services to their primary dental provider.	Track follow up with discharged patients after 30 days to ensure they have received needed dental services and have a dental home identified.	# patients served by EPDH provided additional dental services and assigned a dental home.	Sept 2021 – April 2025, daily as needed	EPDH	Started (Ongoing)	EPDH at SNLH referred 111 patients to follow-up care during Year 2 reporting period (to date).
<b>Goal 3: By April 30, 2025 promote and demonstrate the link between oral health and physical health through the provision of provider, staff, patient, and community education across Lincoln County.</b>							
Educate health care providers, staff, and community members on oral health, including the link between oral and	Provide oral health education at staff meetings	Provide oral health education at hospital staff meetings.	# of education sessions held at staff meetings.	Oct 2021-April 2025	EPDH	Started (Ongoing)	EPDH regularly shares updates and oral health information at staff/department meetings at SNLH and SPCH
	Encourage physicians to complete Smiles for Life curriculum	Provide physicians links to Smile for Life online curriculum.	# of providers who receive their certificate of completion.	Oct 2021-April 2025	EPDH/PD	Not Started	

physical health.	Publish oral health education information in provider newsletters	Submit articles to hospital newsletters.	Completion of two articles annually in hospital newsletter.	Twice/year – April 2025	EPDH/PD	Started (Ongoing)	Project Director provides monthly grant updates for CCCWN newsletter.
	Conduct one-on-one education with staff and providers as appropriate	Schedule one-on-one education with staff and providers with one staff each week.	# of staff who receive oral health education.	Oct 2021- April 2025, daily	EPDH	Started (Ongoing)	
	Provide oral health education at large hospital gatherings to increase reach	Host an annual oral health education training either in-person or virtual.	# of community members attending training and reporting new knowledge on oral health.	Oct 2021 – April 2025	EPDH	Not Started	
	Conduct formal oral health trainings with staff and medical providers	Organize Continuing Education credits for staff and providers on oral health.	# of staff and providers attending CE training and receive credit	Oct 2021 - April 2025	EPDH/PD	Not Started	
	SHS Marketing dept to develop media campaign strategies and materials. Topic areas to include: integral connection between oral health and overall health; link between oral health and chronic disease; importance of oral health during pregnancy	Document development of media campaign materials in each topic area and media source (e.g., website, newsletters, articles, brochures, flyers, social media activities).	# and types of materials developed for each topic area.	May 2021 – April 2025	SHS Marketing Department, PD	Started (New, Ongoing)	SHS Marketing to publish article in Spring 2023
	Distribute media campaign materials through appropriate venue.	Monitor and track distribution activities as appropriate (counts or numbers reached).	# materials distributed, # venues and media sources utilized.	August 2021 – April 2025	PD, AHM Brands, CCCWN/Oral Health Subcommittee	Started (New)	PD, AHM Brands began planning/ developing media campaign messaging and creative materials in December 2022.