

**WORK PLAN**  
**PERINATAL ORAL HEALTH COMMITTEE (POHC)**  
**September 1, 2021 - August 30, 2022**

*Status: P = in progress, C = completed, B = barrier, D = delayed (e.g., competing priorities)*

<b>Activity (from Logic Model)</b>	<b>Action Steps</b>	<b>Lead/Others Involved</b>	<b>Timeline (Start/End)</b>	<b>Evaluation Method (how, when)</b>	<b>Status</b>	<b>Date/Progress Report (Including result when completed, e.g., report produced)</b>
<p><b>Promote Collaborations and Build Relationships</b></p>	<ol style="list-style-type: none"> <li>1. Promote the dissemination of research and professional recommendations on relationship between oral health and pregnancy outcomes and POH care with policy makers and insurance organizations, e.g., CMS.</li>   <li>2. Promote the incorporation of MCH Title V NPM (13.1) related to POH in state oral health plans/measures/activities and produce or promote supporting resources (e.g., tipsheets, policy briefs/statements).</li>   <li>3. Work with internal and external partners to expand and strengthen collaborative relationships to promote POH, e.g., integrating POH into primary care.</li> </ol>	<p>Mark Moss, Reg Louie, Katrina Holt, small work groups and members of the POHC</p>	<p>9/1/2021 to 8/31/2022</p>	<ul style="list-style-type: none"> <li>• Number of state and local oral health programs that are actively engaged in POH efforts is increased.</li>   <li>• Number of states that have adopted POH goals, objectives and action plans (e.g., State Title V and XIX programs, identified as in 2021-22 program plans).</li>   <li>• POH messages &amp; resources are available widely and POH is promoted effectively and comprehensively.</li> </ul>	<p>P</p>	

<p><b>Promote and Use Evidence-Based and/or Evidence-Informed Practices and Foster Collaborative Learning</b></p>	<p>4. Promote use of EBPs and EIPs (e.g., ASTDD BPA Report POH, POH Policy Statement) in states and community POH programs to support data collection, workforce, care financing, promising practices and other activities.</p> <p>5. Promote dissemination and implementation of promising POH practices (e.g., through the COHSII NPM 13 community of learning, webinars on practices recommended in consensus statement and projects such as NOHI) by states and communities.</p>	<p>Mark Moss, Reg Louie, Katrina Holt, small work groups and members of the POHC</p>	<p>9/1/2021 to 8/31/2022</p>	<ul style="list-style-type: none"> <li>• The BPAR on POH (2019) and the number of promising programs in states that enhance systems of oral health care for perinatal population (e.g., surveillance/data collection, Medicaid, managed care plans, MCH Title V programs, private insurance.</li> <li>• The number of evidence-based and/or evidence-informed practices implemented in States to promote and improve POH.</li> </ul>	<p>P</p>	
<p><b>Provide Guidance for POH Policy Development and Implementation</b></p>	<p>6. Periodically assess states' POH activities and provide guidance, as resources permit.</p>	<p>Mark Moss, Reg Louie, Katrina Holt, small work groups and members of the POHC</p>	<p>9/1/2021 to 8/31/2022</p>	<ul style="list-style-type: none"> <li>• Number of states implementing POH strategic framework, including programs and providers adopting perinatal oral health guidelines and standards of care.</li> </ul>	<p>P</p>	

	<p>7. Provide technical assistance to MCH projects such as NOHI projects, as appropriate and as resources permit. Disseminate lessons learned from former PIOHQL projects and current NOHI projects to inform policy development.</p>			<ul style="list-style-type: none"> <li>Number of state dental directors and other stakeholders who have enhanced their capacity to promote POH.</li> </ul>		
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