Goal: Increase infrastructure and capacity to promote oral health among the perinatal population in all US states and jurisdictions.

**INPUTS**
(Resources to carry out activities)

- **Partners** (Internal)
  - POHC committee members
  - ASTDD committees including: Policy, Best Practices, Early Childhood
  - ASTDD Board of Directors

- **Partners** (External)
  - NMCOHRC/Center for Oral Health Systems Integration and Improvement (COHSII)-Network for Oral Health Integration (NOHI)
  - ASTHO, AAPHD, MSDA
  - CDC/DOH
  - HRSA/MCHB, BPHC, BHPR, BCRS
  - CMS
  - NIH, NIDCR
  - ACOG, AAP, AAFM, AAFP, AAPD
  - ADA- PHAC
  - NACHC, NNOHA
  - National, state and local policy makers
  - Professional organizations
  - Universities
  - Special populations/cultural groups

- **Funding**
  - ASTDD committee support
  - NMCOHRC/COHSII
  - HRSA
  - CDC

- **Data**
  - ASTDD
  - NOHSS
  - CDC
  - MSDA
  - NCHS
  - HRSA
  - NHIS

- **Other**
  - HP 2030 Oral Health Objectives
  - ASTDD Best Practice Approach (BPA) Perinatal Oral Health (POH) Report
  - ASTDD POH Policy Statement
  - National Consensus Statement (CS)

**ACTIVITIES**
(Work or services)

- **Promote Collaboration - Build Partnerships**
  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.
  2. Promote the incorporation of MCH Title V NPM (13.1) related to POH in state oral health plans/measure/activities and produce or promote supporting resources (e.g., tip sheets, policy briefs/statements).
  3. Work with internal and external partners to expand and strengthen collaborative relationships to promote POH.

- **Promote and Use Evidence-Based and/or Evidence-Informed Practices**
  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.
  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.

- **Provide Guidance on Policy Development**
  6. Periodically assess states’ POH activities and provide guidance, as resources permit.
  7. Provide technical assistance to MCH projects such as NOHi projects, as appropriate and as resources permit.

**OUTPUTS**
(Accomplishments or products)

- **Short Term**
  1. The number of state and local oral health programs that are actively engaged in POH efforts is increased.
  2. The number of states that have adopted POH goals, objectives and action plans (e.g., State Title V and XIX programs, identified as in 2020-21 program plans).
  3. POH messages and resources are available widely and POH is promoted effectively and comprehensively.

- **Intermediate**
  4. 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).
  5. The number of evidence-based and/or evidence-informed practices implemented in States to promote and improve POH.

- **Long Term**
  6. The number of states implementing POH strategic framework, including programs and providers adopting perinatal oral health guidelines and standards of care.
  7. The number of state dental directors and other stakeholders who have enhanced their capacity to promote POH.

**OUTCOMES**
(Changes as a result of the activities)

- **Short Term**
  - Percentage of women with dental insurance is increased and systems barriers to dental care are decreased during the perinatal period.

- **Intermediate**
  - Evidence on POH is continued to be built and guide POH practices and policies.

- **Long Term**
  - Oral health is an integral component of standard perinatal care.
  - Improved oral health for perinatal population.