Perinatal Oral Health Logic Model

**Objectives**
- Assess/Monitor Perinatal Oral Health
- Enhance Infrastructure & Build Partnerships
- Inform, Empower Public & Mobilize Support
- Ensure Workforce & Systems
- Utilize Data/Research
- Integrate Oral Health Program into Patient-Centered Medical Home

**Inputs**
- PRAMS, BRFSS
- Grant/Funding
- CDC technical assistance
- State General Fund
- MCH Block Grant
- Perinatal oral health guidelines
- State/local public health agencies and staffs, ASTDD
- State/local oral health programs
- Water fluoridation
- Fluoride varnish program
- Head Start-Dental Home project
- MCH programs
- Perinatal programs
- Home visitor programs
- WIC programs
- Early Head Start Programs
- Community-based chronic disease prevention programs
- Tobacco cessation program
- Diabetes self-management program
- Non-governmental institutions/organizations
  - Community faith-based groups
  - Mother-mother networks
  - Not-for-profit philanthropies
- Academic institutions
  - Local/state chapters of professional organizations
  - ACOG, AAP, APHA, AAPD
- Professional and community networks
  - Perinatal networks
  - Oral health coalitions
  - Rural health networks
- Public and private insurance payers
  - Medicaid/SCHIP
- Managed-care org.
- Perinatal and dental providers in private and public sectors

**Activities**
- 1. Develop or enhance perinatal oral health surveillance systems.
- 2. Assess needs, oral disease risk and gaps relating to oral health access during perinatal period.
- 1. Evaluate perinatal oral health opportunities.
- 2. Identify common public health concerns and goals.
- 1. Disseminate perinatal oral health guidelines and data on perinatal oral health and inform all stakeholders of the importance and significance of perinatal oral health.
- 2. Establish state/local perinatal oral health workgroup.
- 1. Obtain support from academic institutions for interdisciplinary education and trainings on perinatal oral health.
- 2. Work with professional organizations, networks, and policy makers to ensure perinatal dental system support.
- 1. Promote research to fill knowledge gaps for effective perinatal oral health intervention and implementation of evidence-based practice guidelines.
- 2. Evaluate existing perinatal oral health programs.
- 1. Develop strategies for outreach, care coordination, and provider communication.
- 2. Enhance perinatal oral health information systems.

**Outputs**
- Burden of perinatal oral disease and access to care is described.
- Community-level perinatal oral health indicators are periodically monitored.
- Key stakeholders for perinatal oral health programs are identified.
- Perinatal oral health goals in the community are identified.
- Perinatal oral health guidelines and data on perinatal oral health inform all stakeholders of the importance and significance of perinatal oral health.
- Perinatal oral health workgroup sets priorities, goals, and action steps for short-term and long-term. 2. Advocates for resources and policy support, and, 3. disseminates information and enlists new partners.
- Dentists and perinatal service providers are competent to promote perinatal oral health.
- Perinatal oral health services are appropriately compensated.
- Evidence-based perinatal interventions that effectively improve oral health of women are available and successfully implemented.
- Women are provided patient-centered, comprehensive, timely, coordinated, culturally and literacy appropriate oral health services.
- Women improve their oral health knowledge and self-care skills.

**Outcomes**
- Increased
  - % of women who receive oral health advice and dental care during pregnancy.
  - % of women who have a regular source of dental care.
- Reduced
  - Prevalence of caries and untreated caries among pregnant women during perinatal period.
  - Prevalence of gingivitis and disruptive periodontitis among women during perinatal period.
  - Disparities in perinatal dental care access and oral health status.

Distal
- Increased
  - Maternal and child oral health and wellbeing
  - Utilization of preventive dental care among young children
- Reduced
  - Prevalence of early childhood caries (ECC)
  - Oral health disparities in the community
  - Dental care expenditures

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