



**Oral Health Integration Project - Coalition Member - Level of Engagement**

<b>High</b>	<ul style="list-style-type: none"> <li>• Join in-person annual Oral Health Convening</li> <li>• Participate in Day of Action (i.e., Join OHIP/HCFA at State House for rallies, etc.)</li> <li>• Attend bi-monthly oral health meetings (in-person or via phone)</li> <li>• Receive Health Care For All (HCFA) weekly newsletters</li> <li>• Attend annual Oral Health Caucus</li> <li>• Willing to educate your state legislator about oral health issues and priorities</li> <li>• Share HCFA-generated oral health materials within your network</li> <li>• Volunteer to lead workgroup discussions related to oral health/health-related issues and or topics within the coalition</li> <li>• Assist with identifying consumers and or consumer stories</li> <li>• Provide individual support or organizational support, i.e. you have received permission from your organization to share your logo and name</li> </ul>
<b>Medium-High</b>	<p>Member agrees with items within medium-low buckets and agrees to:</p> <ul style="list-style-type: none"> <li>• Attend annual Oral Health Caucus</li> <li>• Volunteer to lead workgroup discussions related to oral health-related issues and or topics within the coalition</li> </ul>
<b>Medium-Low</b>	<p>Member agrees with the below items and agrees to:</p> <ul style="list-style-type: none"> <li>• Receive Health Care For All (HCFA) weekly newsletters</li> <li>• Attend bi-monthly oral health meetings (in-person or via phone)</li> </ul>
<b>Low</b>	<ul style="list-style-type: none"> <li>• Join in person annual Oral Health Convening</li> <li>• Provide individual support or organizational support, i.e., you have received permission from your organization to share your logo and name</li> </ul>