

Placer County Oral Health Plan 2018-2022



HEALTH & HUMAN SERVICES
ORAL HEALTH PROGRAM



“Tooth decay can begin as soon as a tooth erupts. Establishing dental care early and providing quality education help prevent difficult visits and future dental fears.”- Dmitry Pivnik, DDS, Rockville Smiles Children’s Dentistry & Orthodontics

Comments, questions, and requests for information can be directed to:

Placer County
Public Health Division
Oral Health Program
11484 B Avenue
Auburn, CA 95603
(530) 886-3618

TABLE OF CONTENTS

Introductory Messages

Page 1

Introduction

Page 3

Scan of Local Resources and Needs

Page 12

Best Practices

Page 19

Vision and Guiding Principles

Page 20

Key Strategies

Page 21

Strategies and Tactics

Page 22

Four-Year Measurable Objectives

Page 26

Glossary of Terms

Page 27

Partners and Funding Sources

Page 29

Message from the Local Health Officer

The 2018-2022 Placer County Oral Health Plan (PCOHP) is the culmination of focused efforts of Placer County Public Health and numerous community stakeholders who are dedicated to improving the oral health of residents throughout our county. This plan marks a renewed commitment to action by Public Health and its collaborating partners to implement the included strategies, tactics, and objectives to address the needs of local priority areas and populations.

The efforts identified in the PCOHP support Placer County Public Health Division's mission which is "to encourage health and wellness of each individual, family, and community in Placer." It provides a roadmap to prevent oral disease, increase utilization of services, and ultimately eliminate oral health disparities.

Just last year, Public Health published its Community Health Improvement Plan (CHIP), a document that guides our county to make improvements in the health and quality of life for all Placer residents. Overall wellbeing cannot be realized without oral health, making the PCOHP an important subset of the CHIP.

The PCOHP is focused on ways to advance the oral health of the county's population that include filling gaps in the oral health care system, expanding existing collaborative work, initiating new activities, and capturing data to assess the effectiveness of oral health efforts. The PCOHP helps to provide a framework for guiding those actions over the next four years.

Similar to the CHIP, the success of the PCOHP relies upon collaboration with community stakeholders whose teamwork is key to achieving health equity. We look forward to continued work with our committed partners and to expanding this network of active goal-oriented participants so that our collective impact is strengthened and our combined efforts are more easily sustained over the years to come.

Thank you to all who share in the vision of optimal oral health for all so that everyone in our communities can enjoy a healthy future in Placer County.

Be well,

Rob

Robert L. Oldham, M.D., M.S.H.A
Placer County Health Officer/Division Director

Message from the Coordinator, Placer County Oral Health Program

In 2016 Placer County got a kick start to improve its residents' oral health when First 5 Placer awarded a grant to the Public Health Division to pursue two principle efforts: 1) Providing preventive dental services in partnership with the WIC program made education, screening and linkage to dental homes more readily accessible for families with limited resources, 2) Bringing key oral health stakeholders together to form a community-wide coalition enabled sharing, planning and collaborating. The Placer County Oral Health Alliance is able to focus attention on identifying local issues and on priority actions to resolve disparities in oral health among vulnerable population groups.

With the addition of funding through Prop 56 tobacco tax revenue starting in 2018, Placer County Public Health and its partners can build upon past efforts and successes that have laid the groundwork along the path toward optimal oral health for all. By addressing the needs of additional underserved areas and high-risk populations that will benefit from preventive information and services, more residents will enjoy the benefits of improved overall health.

This plan reflects the knowledge, work and ideas gleaned from many discussions involving Oral Health Alliance members. It provides an outline of new and existing activities to improve the county's oral health status. Placer County challenges itself and its partners to continue concerted efforts to create oral health equity for all people.

We thank our partners for contributing their time and expertise which assisted in the development of this plan and are grateful for their ongoing work in our communities. Placer County is poised and ready for future collaborative efforts utilizing the unique gifts of current partners to implement the strategies set forth in this plan. Identifying additional new community connections will assist us in achieving an even greater impact in a shorter amount of time.

This Oral Health Plan for Placer County aims to assist California in becoming the healthiest state in the nation by making improved oral health of all Placer County residents a priority and therefore a reality.

Heidi Knost, PHN

Introduction

The Importance of Oral Health and Prevention Efforts

Caries is a preventable disease. It is, in fact, the most common preventable childhood disease in the US with rates greater than those of asthma and obesity. Preventive oral health efforts minimize human suffering. For a child, caries can result in inadequate growth and development, low self-esteem, sleep difficulties, missed days at school, and poor school performance. Dental decay in childhood has long-lasting repercussions, including impacts on one's lifelong physical, psychological, social and economic well-being.

For the perinatal population, dental care and oral hygiene information are especially important as preventing potential dental issues affects two lives. Although more than half of the women in California have dental problems during pregnancy, the majority of them do not access dental care. Also, many parents with untreated caries are unaware that they can pass this infectious disease on to their newborns through their saliva. Unfortunately, many pregnant women believe that dental care during pregnancy is unsafe, have not heard that a dental visit during pregnancy is recommended or that they have insurance for dental services. For the women who qualify for dental insurance only during pregnancy, accessing dental care during the perinatal period is critical. When medical providers promote a dental visit, pregnant women are more likely to follow that recommendation.

Prevention is also cost-effective. According to the American Academy of Pediatric Dentistry, costs to treat symptoms related to dental disease are up to ten times those of providing preventive dental services. For schools, the loss of Average Daily Attendance (ADA) funding and the increased time and effort required to catch up children on schoolwork due to absences are real consequences of suboptimal oral health care knowledge and utilization. For working adults, dental pain results in lost work productivity and wages. Barriers to accessing oral health care include lack of knowledge of insurance coverage, locations of available providers, and effective home hygiene behaviors. Emergent dental conditions can develop from these barriers and result in treatment that is significantly more expensive than preventive care services. Early detection and intervention efforts can decrease the risk of caries across the lifespan and reduce treatment costs.



The Status of Oral Health in California

With nearly forty million residents, California has the largest number of Medicaid recipients of any state in the nation totaling approximately 13.5 million. Since 2014 there have been major improvements in the provision of dental insurance in California. The Affordable Care Act's inclusion of pediatric dental coverage as part of the Essential Health Benefits required all Covered California pediatric medical plans to include dental coverage. In 2016 children who were brought to the United States from other countries became eligible for dental benefits with the expansion of Medi-Cal. With these systemic improvements, the percentage of minors with untreated caries has decreased since CA last surveyed the status of the oral health of its school children in 2006.

In 2014 Medi-Cal partially restored adult dental benefits which had been eliminated in 2009, and in 2018 benefits were fully restored. California is one of only 28 states that provides more than emergency-related dental services to its Medicaid-enrolled adults. However, despite increased coverage for many individuals with limited resources, a significant barrier to obtaining timely preventive care is a continued lack of awareness about eligibility for dental services and how to obtain those services.

California is deficient in current oral health data but that will soon change as the new California Oral Health Program prioritizes the gathering of data. With renewed attention, California seeks to improve the oral health of children in the state as it currently ranks lower than national benchmarks. The State seeks to reduce caries experience in kindergarteners from 54% to 43% and from 70% to 56% in third graders before 2025. Efforts that focus on pregnant women, families and children ages zero to five are crucial to effecting this desired change. Latino

children and children from families with limited resources experience more tooth decay and untreated tooth decay than their wealthier counterparts. The new California Oral Health Program is implementing steps to decrease these disparities.

The Status of Oral Health in Placer County

Over 385,000 people live in Placer County, and although the socioeconomic status of its residents is higher than the median in California, significant disparities exist in oral health and health care depending on one's household income, educational level, native language and country of origin.

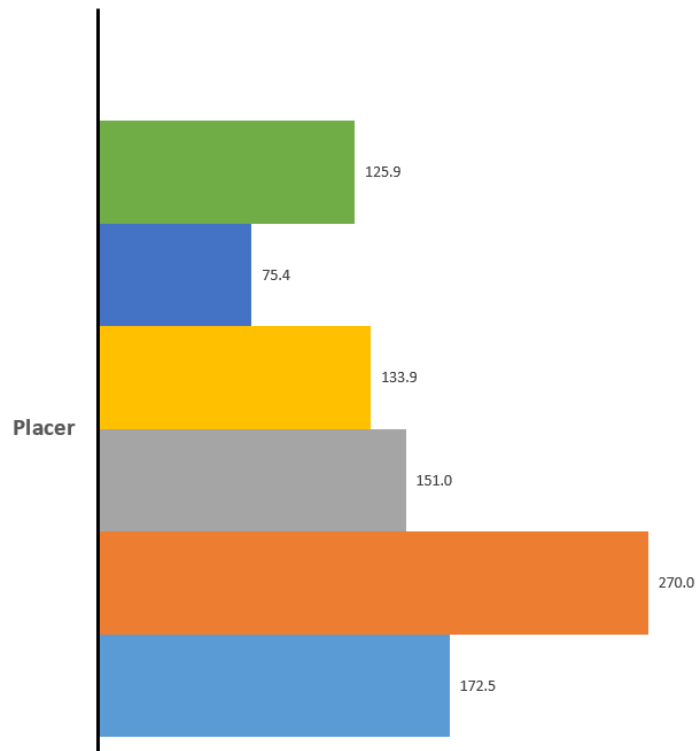
There are 84,100 county residents who are under 18 years old, accounting for approximately 22% of the overall population. As in other parts of the United States, children in Placer County living at or below 100% of the FPL are at higher risk of dental disease than children living above the poverty level. In Placer 10.2 % of children live below the poverty level according to 2012-2016 data, rising 3% over the prior four-year time frame but remaining at only half the poverty rate of the state and nation overall. The Child Food Insecurity Rate in the county stands at 18%, a number which measures how many children are living in households that lack the means to consistently purchase nutritious food. Most of these Placer children live in food insecure households in neighborhoods where healthy food is less available. This increases the likelihood of poor eating habits which can result in an increased risk of dental caries. When parents struggle to provide enough food for their families, dental care is not a priority concern. Facilitating easier access to preventive dental information and services helps families who are facing multiple stressors to meet life's basic needs.

In 2016 96.7% of Placer County children had health insurance of which the majority includes dental coverage. This is very close to the national level (95.5%) and the state level (97.1%) but falls short of the HP2020 goal of 100%. The likelihood of experiencing a healthy childhood is greater for those with health coverage as insurance facilitates access to care.

Non-traumatic dental conditions (NTDCs) result from damage to the mouth that is not caused by trauma and include caries, periodontal disease, and erosion. In Placer County, children who are between one and two years old experience the greatest number of NTDCs that are treated in the emergency room even though the majority have dental coverage. Increasing access to preventive services and raising awareness of local resources and oral health best practices to assist in preventing the development of urgent problems will lower these statistics and save both private and public funds.

NTDC ED Visits by County and Age (Rate/100,000)

- Age group - 14-17
- Age group - 10-13
- Age group - 6-9
- Age group - 3-5
- Age group - 1-2
- Age group - <1



Despite the improvements in access to care and caries prevalence overall, there are segments of the population that continue to bear a significantly higher burden of dental decay. Immigrants and non-native English speakers may face barriers to accessing preventive care which can increase the risk of dental caries. Almost 15% of Placer residents speak a language other than English at home, 20% of county residents are races other than white, and more than 14% of Placer residents identify as Hispanic or Latino. California's respective rates are 44%, 45% and 40%. Estimates of the number of undocumented immigrants in Placer were between 3,900 and 9,000 in 2014-2015. Undocumented adults are especially at risk for tooth decay as they are not eligible for full Medi-Cal benefits.

Data from DHCS' Medi-Cal Beneficiary Utilization Performance Measures Report show no significant change in the use of preventive services or annual dental visits for Placer County Medi-Cal beneficiaries over the past few years. The most recent reported data is from Quarter 1 of State Fiscal Year 2016-2017. It shows that just 11 % of 0-20 year-olds and only 1.9% of adults over 21 received any preventive

dental service. The percentages of Medi-Cal beneficiaries having at least one dental visit during that same period rises to 16.1% for children and 7.8% for those over 21. These low usage rates show that there is plenty of room for improvement in accessing services and education, and a great need for outreach and other supportive services.

According to the 2015-2016 Maternal and Infant Health Assessment (MIHA) Survey, 48% of pregnant women in Placer County see the dentist during their pregnancy which is not significantly higher than the overall state rate. However, differences appear within the county's population depending on ethnicity with 53.1% of Caucasian women, 58.6% of Asian women and 24.5% of Latina women receiving dental care during pregnancy. Another disparity in care is related to family income. Just 17.7% of pregnant women with incomes 0-100% of the Federal Poverty Guidelines (FPG) see a dentist compared to 59.2% of those with incomes over 200% FPG.



There are significant gaps in oral health data gathered at the local level over multiple years due to the lack of prior coordinated efforts. This makes it difficult to measure any changes to the overall oral health status of the county. Gathering such data on a regular basis is therefore one of the priorities of the oral health plan and will assist in evaluating the effectiveness of oral health efforts.



Several local oral health screening programs have yielded data that provide a picture of some of Placer County's needs. The following are four of those efforts representing varied geographic areas:

Tahoe/Truckee elementary school screenings

In 2016 the Truckee North Tahoe Dental Coalition formed to help improve the dental health of local children. The Coalition brings classroom education, dental supplies and preventive services, such as screenings and fluoride varnish, into targeted area schools. Families whose children need further dental care receive follow-up calls. These efforts fill a local need as the Tahoe region does not have many dental care options that are easily accessible to families with limited resources. Screenings of transitional kindergarteners and kindergarteners at two elementary schools in 2017 showed that approximately 73% appeared to have healthy mouths, 19% were referred to see a dentist for problems noted, and 8% had urgent care needs. Many children with urgent dental issues must travel over an hour to obtain treatment services due to a lack of specialty providers in the Tahoe/Truckee region.

Roseville elementary school screenings

For the past two decades, the Roseville Rotary Club has coordinated a dental screening program for kindergartners and an engaging education, screening and sealant program for second and fifth graders in five of Roseville's Title 1 elementary schools. The Rotarians have financed their efforts primarily through fundraising events. In Spring 2018, the Rotarians expanded their programs into additional elementary schools in a second Placer County school district. A Rotarian who is a dentist provides the screenings, volunteer Rotarians organize and assist in the classroom, and the club hires a registered dental hygienist, a dental assistant, and a health educator to coordinate the program and to provide the direct services.

Screenings during the 2017-2018 school year show that 6% of 2nd and 5th graders and 10% of kindergartners had urgent dental needs. Of the 474 participating 2nd and 5th graders, 358 received a total of 1,195 sealants. School health staff follow up with the children who have urgent issues to assist families with access to appropriate care.

Auburn elementary school screenings

Chapa-De Indian Health provides lively age-appropriate classroom education, dental supplies and dental screenings to four elementary schools in Auburn. Children's goodie bags contain dental supplies as well as information about available services at their dental clinic in Auburn. Over 16% of students screened during the 2017-2018 school year had urgent dental needs. Chapa-De is the only dental clinic in Auburn that provides services to Medi-Cal beneficiaries. Other offices that accept Denti-Cal require a 10-20 minute drive on a busy highway.

WIC Dental Days: Rocklin, Lincoln, Auburn and Kings Beach

Children: From the program's inception in February 2017 through Spring 2018, more than 500 children ages 0-5 have been screened, over 87% of those having Medi-Cal benefits. More than two-thirds did not have a dental home, and for over half of the children, Dental Days provided them with their first dental experience. The most common reasons why children hadn't been to a dentist previously include the parents' lack of knowledge that their children were insured, which offices would take their children, and that children should begin having regular dental checkups by first tooth or first birthday. Of those screened, 75% had no visible problems, 21% had problems requiring a dentist's attention, and 4 % had

urgent needs. However, only .4% of children 0-3 years old had urgent needs compared to 9.5 % of children 3-5 years old. Close to 83% of children 0-3 years old had no visual dental issues, but that rate dropped to 58% for 3-5 year olds. The difference in these numbers validates the need for early entry into regular preventive care. Expanding preventive programs into additional locations that serve infants and preschool populations can reduce the likelihood that children require extensive dental work before they enter kindergarten.



Adults: In January 2018 the program began to provide preventive services to any family member of a WIC participant. As of April 2018, 9% of adults screened had no visible problems, 68% had visible issues that needed evaluation by a dentist, and 23% had urgent problems. One in five adults did not have dental insurance and two out of three had Medi-Cal. For adults who don't qualify for dental insurance or cannot afford it, empowering them with information on optimal home hygiene behaviors and with referrals to resources that offer low-cost dental exams and cleanings is crucial to avoiding costly treatments. Only 14% of screened pregnant WIC participants had been to a dentist during pregnancy compared to approximately 30% of pregnant women with similar economic status statewide. Not knowing about available dental coverage and believing that dental care during pregnancy is unsafe are the most common reasons for not going to the dentist during pregnancy. These adult assessment results show that children are not the only population in the county in need of preventive education and services. It is especially important to not overlook the needs of parents since their oral health influences the oral health status of their children.



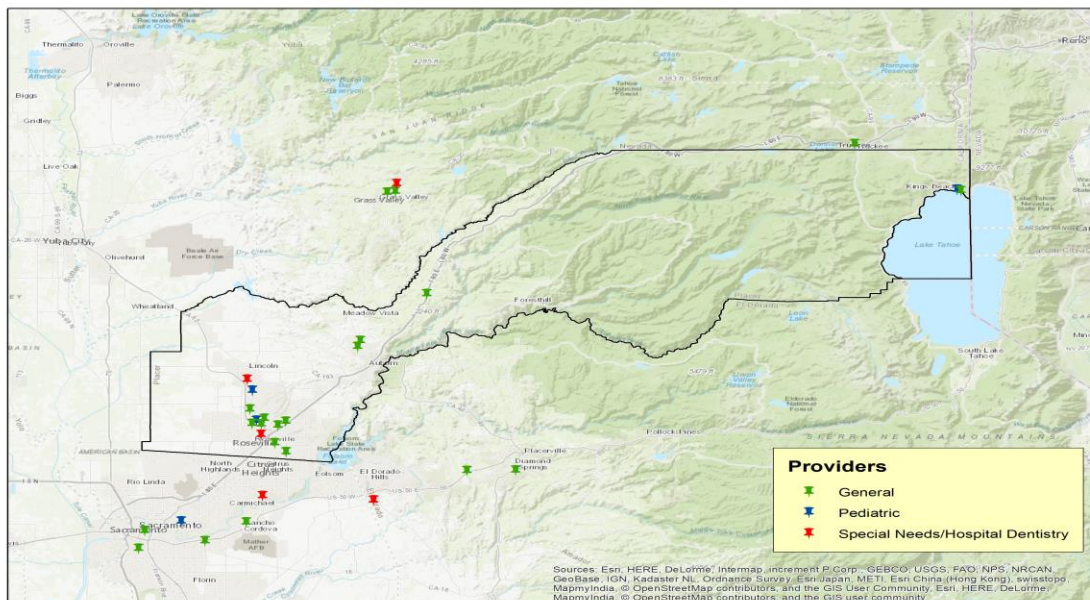
“Preventive oral health care is a top priority for community-based public health care systems. Providing education, oral health screenings, and increasing access to dental care have proven to increase oral health and decrease oral health disparities. WIC and First 5 have been able to provide these tools to families in Placer County with the Dental Days program. Participants are also given fluoride treatments which is one of the best cavity prevention treatments. Mothers are gaining substantial education to care for their children and improve overall oral health in their families. By providing these services, we are opening doors and reducing many barriers to reach our goal of eliminating oral health disparities.” -Christina Cox, RDH, Chapa-De Indian Health

Scan of Local Resources and Needs

The following is a synthesis of information about oral health efforts and needs within the county which has been gathered primarily from key stakeholders representing various community, private and government agencies. A review of current work that increases access to care and improves oral health literacy helped form a base of knowledge about local resources and efforts. Identifying gaps in care and population groups for priority attention serves as a catalyst for moving a county-wide oral health agenda forward as it becomes clear which strategies and tactics are key to solving local needs.

Resources

For the past several years, Placer County has been fortunate to have an adequate number of primary dental care providers who serve families with Medi-Cal benefits. The CHDP program distributes a list of Denti-Cal providers located in and near Placer County that see Placer County children. The list currently includes 14 providers within the county, including three pediatric dental offices. Several more offices in surrounding counties that accept Placer County residents are also noted. Less densely populated areas, however, lack providers, and for some rural residents, transportation to care can be a barrier. Providing information about free or low-cost transportation options is vital for those families. Unfortunately, Placer County, like other California counties, lacks dental specialists, such as endodontists and oral surgeons who accept Denti-Cal. This results in families paying out of pocket for local specialists or traveling long distances for specialty care.



The Oral Health Program disseminates a list of dental offices that provide services to Placer County adults who either have Medi-Cal or do not have dental insurance. This flyer lists 22 providers including two dental hygiene schools in Sacramento that provide free or low-cost preventive services and several Native American clinics in the area that charge reduced rates based on income.

Placer County's population grew over 10% from 2010 to 2018, a rate 4% greater than the state as a whole. An increasing county population, the restoration of full dental services for adults with Medi-Cal, and the expansion of Medi-Cal benefits to children who weren't eligible in the past may put a strain on local dental offices. It is important to closely monitor the capacity of dental care providers and their ability to accept new patients and serve existing patients in a timely manner. Changes in their capacity to care for this rapidly growing population of eligible patients can affect the strategies of this plan, their associated activities and their success.

Placer County is home to several organizations that provide direct education, linkage to providers, and case management to residents living in the county's cities, towns and rural areas. Public Health Nurses make home visits and assess the needs of individuals and families, making connections to resources, including medical and dental homes. Family Resource Centers located throughout the county offer a variety of assistance programs to all residents and help link them to local services including those that provide dental care. They also help residents secure insurance, provide direct oral health education and locate transportation if that is a barrier to care. Placer County is also home to the Latino Leadership Council which specifically assists the Latino population to connect with resources in a culturally sensitive manner.

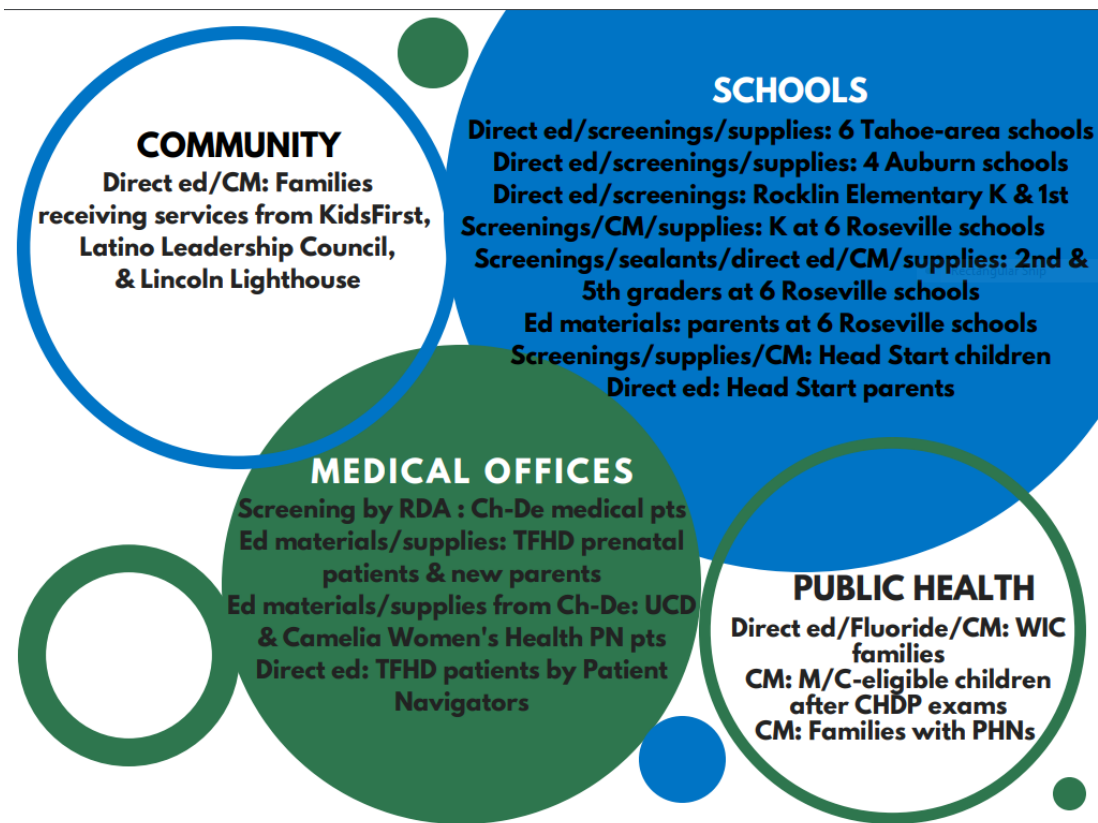


“Oral health is such an important topic and at times tends to be minimized when children are very young. As home visitors we are able to educate our families about starting a good oral health routine even before birth by having the pregnant mother getting to a dentist to get a cleaning. After the baby is born we stress the importance of wiping down baby’s gums so that the baby gets used to the sensation in their mouth. After the first tooth erupts we then continue educating our families that baby teeth are important and should be wiped down on a daily basis. Some of the families feel that if they don’t take care of baby teeth it will not affect their permanent teeth. But by bringing evidence based handouts in which it emphasized that baby teeth help their children to smile, eat, talk and are used to hold space for the adult teeth, then they become more receptive to the idea of wiping/brushing their children’s teeth. We also encourage our families to take their children to their first dental exam by the age of one. If they don’t have a dentist, we are able to link them to one in their area and at times even go with them to the appointment if they are having language barriers or just need the extra support of knowing that their child will be well taken care of.”- Leticia Martinez, Senior Parent Educator, KidsFirst



Current Oral Health Efforts in Placer County

In August 2017 Oral Health Alliance members gathered to participate in a group exercise to enumerate the current work in Placer County that was helping the Alliance reach its vision. Gaps in care were also noted. Participants listed the known work that increases access to preventive dental services and work that aims to enhance families' oral health literacy. This material was added to the existing information gathered during each Alliance meeting. The efforts are grouped according to where they take place and demonstrate the wide-ranging abilities of partners to collectively address the county's oral health concerns and disparities. Each effort plays a unique role in promoting oral health knowledge and increasing the utilization of preventive services.



Ed = Education

CM = Case management

RDA = Registered Dental Assistant

PHN = Public Health Nurse

TFHD = Tahoe Forest Hospital District

CHDP = Child Health and Disability Prevention

Ch-De = Chapa-De Indian Health

M/C = Medi-Cal

PN = Prenatal

K = Kindergarten

WIC = Women, Infants & Children

Barriers to Obtaining Oral Health Care

In October 2016 the Oral Health Program conducted key informant interviews of WIC participants as the program sought to understand local determinants of oral health. Questions were focused on participants' knowledge of optimal oral hygiene behaviors, the use of such practices, and awareness of available dental care. There were five main barriers to care that emerged from the interviews:

- Lack of awareness of existing coverage
- Lack of knowledge of how to access dental services
- Negative prior dental experiences
- Lack of awareness of best preventive care practices
- Lack of money (limited coverage or ineligibility for Medi-Cal)

Other barriers mentioned less frequently were related to transportation, a lack of time and inconvenient dental office hours. These are similar to the barriers listed in Healthy People 2020 which include limited access to and availability of dental services, fear of dental procedures, lack of awareness of the need for care, and cost. As a result of the interviews and feedback from home visiting and public health programs, the dissemination of information about preventive care habits, their importance, transportation options, and dental insurance and resources are incorporated into the WIC Dental Days program and into the Oral Health Plan.

“Found out I was already covered! Woohoo! And gave me tips to keep teeth clean.”- Mother of twins, participant in WIC’s Dental Days



Priority Areas Needing Oral Health Attention

Oral Health Alliance participants identify local priority oral health needs during quarterly meetings which began in October 2016 and specifically during a group exercise in August 2017. The needs to be addressed were assembled into three groups: target populations including those at higher risk for dental decay; priority locations to focus on for preventive education and services; and key topics for inclusion in educational materials and outreach efforts.

TARGET POPULATIONS

Prenatal women
Parents with infants
Kindergarteners
Parents of elementary school children
Non-WIC families with limited resources
Residents who speak/read other languages
Residents who are illiterate
Residents without cars
Foster children/families

LOCATIONS

Low-population areas
Primary care medical offices
Tahoe area
All childcare facilities
All Placer County schools

TOPICS

Early entry to care
ECC prevention
Locations of available services
Insurance coverage
Importance of regular preventive care
Treatment options

Community Capacity Building

During an Alliance meeting in early 2018, members worked independently filling out worksheets which asked for the types of assistance they would need in order to increase or enhance their oral health efforts. This exercise was employed to learn how Placer County and Alliance members could support such work. Participants listed up to three activities in which they were already involved or that they would like to initiate, and then provided specific examples of support that would be beneficial. These ideas were discussed in small groups, and then each person reported to the whole group on the desired support for one of their activities. Educational handouts, dental giveaways and volunteers are the forms of support that were mentioned most frequently, followed by staff trainings, dental screenings, educational videos and up-to-date dental provider lists. Sealant supplies and oral health education to students and parents were mentioned less often. The worksheets were turned in at the end of the meeting, and the results will help direct the support that the Placer County Oral Health Program provides to its partners in upcoming years.



Best Practice Approaches that Promote Oral Health

The following are best practices that improve oral health outcomes of targeted populations as well as communities as a whole.

- **Enabling** oral health care and education efforts that prevent disease in prenatal and early childhood populations
- **Supporting** school-based oral health education and preventive services including screenings, fluoride and sealants
- **Providing** preventive education and services at WIC, community-based organizations and other easily-accessed locations
- **Utilizing** Community Health Workers and Case Managers for individual and group oral health promotion
- **Raising** overall awareness about preventive behaviors employing consistent community-wide messaging
- **Encouraging** the integration of oral health and primary care services
- **Increasing** awareness of the benefits of Community Water Fluoridation

“Long-term relations with service clubs and community-based organizations have provided many benefits to children and their parents. Such partnerships have provided additional financial resources as well as human resources through the many volunteer hours spent in classrooms and other support activities. As a result, more community leaders now understand the importance of dental health services for all children and the value of dental sealants as a preventive measure. Communication with parents, school personnel and local school boards raises the awareness of the public to this important health issue and helps them become advocates for good community health priorities.” –Ruth Burgess, Rotary Club of Roseville, “Miles of Smiles” program

Vision

We envision a Placer where all children are cavity-free, families have access to preventive dental services, and everyone utilizes best oral health practices.

Guiding Principles

To realize the vision, these principles lay the foundation for the work ahead.

- **Oral health is integral** to overall health and well-being for all populations at all stages of life.
- **Preventive efforts**, starting during the prenatal period, are prioritized while the importance of treatment is not overlooked.
- **The majority of dental problems are preventable**, therefore efforts will target young children and the prenatal population. Efforts will also target residents at higher risk for dental decay, including those with limited resources and those who are ethnic minorities and recent immigrants.
- **Long-term partnerships** between community-based organizations, public health agencies, health care providers and individuals enable the achievement of sustained success through efforts that are coordinated, collaborative and county-wide.
- **Oral health education and services** should be evidence-based, reflect best practices, emphasize prevention, be sustainable and be easily accessible.
- **Outreach and case management** are vital to enabling vulnerable populations to access oral health care.
- **Routine oral health surveillance** and program evaluation are key elements to successfully achieving the objectives of the Oral Health Plan.

Key Strategies

For Placer County to achieve improved oral health for all residents, four principle strategies were chosen, each aligned with associated tactics that address local needs. The strategies are broad enough to allow flexibility in developing new creative solutions for future issues and yet contain essential elements that will decrease the current risk of disease. Tactics to be employed are not limited to those listed as others will emerge in response to the collection of additional data and the discovery of new ways to address oral health problems. The actions also show the need to implement multiple approaches to confront oral health issues among various population groups.

1

Increase Access to Oral Health Care

Suffering from oral health problems is worse among vulnerable and underserved populations. The provision of preventive information and services in easily-accessible locations alleviates discrepancies in oral health.

2

Enhance Oral Health Literacy

Increasing community-wide knowledge of steps to take to achieve and maintain long-lasting oral health help to overcome oral health care disparities.

3

Facilitate Coordination, Collaboration and Sustainability

Continued support and encouragement to engage in collaborative efforts is vital to the longevity of a coalition of oral health stakeholders and to enabling the realization of the group's vision.

4

Evaluate Progress Regularly

Assessing the effectiveness of efforts to prevent and reduce dental decay by analyzing local data is vital to making informed decisions on future activities.

Strategy 1: Increase Access

Inequities exist between population groups with regard to the utilization of preventive dental services and the total number of dental visits throughout the year. Increasing the availability of programs that provide preventive oral health education and services in locations frequented by vulnerable and higher risk populations helps to significantly reduce oral health disparities. Promoting expanded dental access through the delivery of effective preventive interventions in schools and community-based organizations helps to decrease barriers to care related to motivation, time and distance and helps to move toward oral health equity in communities.

Tactics

- **Provide** technical assistance and support to existing community-clinical linkage programs that assist individuals and families in obtaining timely services and connecting them with a dental home.
- **Expand** and support existing programs and develop new approaches that provide preventive and early detection services in targeted community sites, such as at WIC, community-based organizations, and in rural areas.
- **Enhance** existing programs and develop new programs that encourage pregnant women and teens to utilize dental services, in collaboration with schools, community-based organizations, hospitals and OB-GYN offices. Ensure that the prenatal population is aware that dental care during pregnancy is safe and recommended.
- **Collaborate** with school-based programs that provide preventive education and services, including screenings, fluoride varnish applications, sealant placements, referrals, and follow up.
- **Support** case management efforts for children and families with dental care needs at preschools, schools, WIC and through CHDP.

“Oral health is important to the well-being of the whole body and the ability to learn. A student cannot appropriately concentrate on learning when they have pain or irritation. This is so often overlooked when it is hidden in the mouth. Poor oral health can also affect proper speech development and the ability to fight off disease and illness.” – Melissa Locketz, Health Services Supervisor, Rocklin Unified School District

Strategy 2: Enhance Oral Health Literacy

Strengthening knowledge of available dental resources and healthy hygiene practices enables individuals to engage in healthy behaviors. A lack of understanding of the importance of oral health is a significant barrier to accessing care. Increasing awareness of the significance of healthy habits that establish and maintain good oral health is crucial to preventing dental decay. Including information that dental decay is preventable, that preventive behaviors have long-lasting positive effects and that oral health is an essential part of overall health will improve oral health outcomes.

Changing social norms to help tip the pendulum in health care toward prevention begins by increasing the visibility of preventive oral health messages. Consistent community-wide efforts that make key oral health points prominent will ensure that prevention is in the forefront of the public's vision about their health care.

Tactics

- **Provide** training and technical assistance to enhance the capacity of programs that promote oral health to vulnerable population groups.
- **Support** direct education of individuals and families including the demonstration of oral hygiene best practices to ensure that those with limited reading skills and those overwhelmed with written information are not excluded from preventive education.
- **Incorporate** oral health educational materials and resource information into staff trainings at schools, childcare facilities, social service offices and community-based organizations. Ensure that materials are regularly distributed.
- **Integrate** oral health prevention and resource information with social service systems that serve vulnerable children and adults, including Human Services, Children's System of Care, Perinatal Substance Abuse programs, Adult System of Care, Whole Person Care, and Employment Services.
- **Develop** a county-wide oral health educational campaign. Increase the availability of oral health information at resource and health fairs, utilize social media, post effective prevention messaging in community venues, and reach out to community, parent and professional groups.
- **Disseminate** written information about effective oral health practices and oral health services and provide basic oral health supplies to seniors, homeless individuals and other vulnerable populations with the assistance of public and community partners.

Strategy 3: Facilitate Coordination and Collaboration

Facilitating the coordination of county-wide oral health preventive programs ensures that communities throughout Placer have increased access to services. Supporting partnerships increases the impact and sustainability of efforts and reinforces the commitment to reach common objectives. Collective action strengthens the effects of participating organizations by leveraging their expertise and capacity to bring about lasting improvements. Fostering collaboration, communication and information-sharing among partners to address local oral health issues is essential to making progress toward a common vision.

Tactics

- **Provide** oversight of the implementation and quality assurance of the Oral Health Plan.
- **Advocate** for policies that promote oral health.
- **Facilitate** coordination, collaboration and learning among stakeholders.
- **Develop and disseminate** resources to support oral health partners.
- **Monitor** dental resources and make them known to partners.
- **Link** new and existing partners to increase their collective impact.
- **Deliver** regular updates to stakeholders regarding progress toward the Oral Health Plan's objectives.



Strategy 4: Evaluate Progress Regularly

Conducting ongoing surveillance to monitor the oral health of Placer County residents enables the regular evaluation of efforts. Data collection and analysis can track the progress of the Oral Health Plan and reveal areas requiring increased attention. By measuring the outcomes of outreach and prevention efforts, decisions are made based on sound knowledge to either continue with existing tactics or to add additional activities.

Tactics

- **Establish** an ongoing surveillance system.
- **Improve** methods of collecting local oral health data.
- **Coordinate** the regular collection and analysis of oral health data including that related to disparities among vulnerable population groups.
- **Report** regularly on progress toward objectives established in the Placer County Oral Health Plan.
- **Monitor** for additional needs by tracking oral health data.
- **Develop** new tactics as a response to data findings.



Four-Year Measurable Objectives

Oral health is included as one of 12 Leading Health Indicators for the nation in Healthy People 2020 and is stated as "Persons aged 2 years and older who used the oral health care system in the last 12 months". This demonstrates the significance of early and regular care. The following targets were developed with the emphasis on children, youth and those with Medi-Cal benefits and align with the objectives of the California Oral Health Plan. They exist to guide and evaluate Placer County's oral health efforts.

- Increase by 10% the number of children 0-20 years old with Medi-Cal who receive a preventive dental service during the past year.
- Increase by 10% the number of Medi-Cal beneficiaries who have had any dental visit in the past year.
- Increase by 10% the number of children, parents and other individuals who participate in oral health prevention activities in a community setting.
- Increase by 10% the number of preventive and outreach activities and ensure that such efforts reach all geographic areas throughout the county.
- Increase by 10% the number of key stakeholders in the Placer County Oral Health Alliance and community volunteers who are collaborating to reach the goals of the Oral Health Plan.



Glossary of Terms

ACA (Affordable Care Act):

Federal legislation, including the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 that expands Medicaid coverage to millions of low-income Americans and makes numerous improvements to both Medicaid and the Children's Health Insurance Program (CHIP).

Best Practice:

The best practice or approach that has been shown by research and experience to be the most efficient and effective and is established or proposed as a standard suitable for widespread adoption.

Case management:

A collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.

CHDP:

The Child Health and Disability Prevention Program provides complete health assessments for the early detection and prevention of disease and disabilities for children and youth from families with limited resources. The CHDP Program oversees the screening and follow-up components for the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth. The California law requires that a child is referred to a dentist beginning at age 1 for routine dental care.

ECC (Early Childhood Caries):

Any primary tooth in a child under 6 years old that is affected by caries.

First 5:

Funded by a Tobacco Tax in 1998, First 5 has programs in every county that support families with children 0-5 years old so that California kids grow up healthy and ready to succeed in school and in life. It funds programs run by local service providers and health and learning programs that educate parents and caregivers about the critical role they play during a child's first five years.

Fluoride varnish:

A thin coating of fluoride that is applied to tooth surfaces in order to prevent or stop decay. It has been proven effective in infants and children at high risk of decay.

Head Start:

A federally funded pre-school program for families with limited resources that promotes school readiness through education, health, nutrition and social services. (www.acf.hhs.gov/programs/ohs/)

Medi-Cal:

California's Medicaid program that is jointly funded by the federal and state governments and provides health insurance for approximately 13.5 residents whose income is below 138% of the federal poverty level. Medi-Cal includes dental coverage called Denti-Cal.

PHN:

Public Health Nurses integrate community involvement and knowledge about the entire population with personal, clinical understandings of the health and illness experiences of individuals and families within the population.

Sealant:

A resin material applied to the chewing surfaces of molars and premolars to prevent caries by forming a protective covering over the depressions and grooves of teeth.

WIC (Women, Infants & Children):

The Special Supplemental Nutrition Program provides Federal grants to states for supplemental foods, health care referrals, and nutrition education for pregnant, breastfeeding, and non-breastfeeding postpartum women who have limited resources, and to infants and children up to age five who are found to be at nutritional risk.

Placer County Oral Health Partners

The following programs, agencies and organizations contributed to the development of the Placer County Oral Health Plan.

CHDP (Child Health and Disability Prevention)

Chapa-De Indian Health

Dry Creek Joint Elementary School District

First 5 Placer

KidZKount - Head Start

KidsFirst Family Resource Center

Latino Leadership Council

Lincoln Lighthouse Counseling and Family Resource Center

North Tahoe Family Resource Center

Placer County Office of Education

Rocklin Unified School District

Rockville Smiles Children's Dentistry & Orthodontics

Roseville City School District

Roseville Rotary Club

Tahoe Forest Hospital District

Western Placer Unified School District

WIC (Women, Infants & Children)

Placer County Health and Human Services

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and





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