

CONTRA COSTA COUNTY COMMUNITY ORAL HEALTH PROGRAM

COMMUNITY ORAL HEALTH IMPROVEMENT PLAN



Community Oral Health Program

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CONTRA COSTA ORAL HEALTH PROGRAM

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This is a document of the Contra Costa County Community Oral Health Program. If you would like a copy of the full GOSA (Goals, Strategies and Activities) model and Needs Assessment Report, please visit cchealth.org/dental for contact information.

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EXECUTIVE SUMMARY

Oral health is an integral part of overall health and can significantly impact a person's quality of life.¹ The simplest actions such as chewing food comfortably, speaking clearly and expressing smiles openly, rely on the foundation of good oral health. Good oral health refers to being free of dental caries (tooth decay), gum disease, chronic oral pain and other conditions that affect the mouth and throat.² Sustaining and lasting proper oral health begins with knowledge of relevant disease processes including utilizing prevention-based resources, engaging in healthy behaviors and having consistent access to affordable, quality dental care. Providing these fundamentals early on not only benefit one's physical and mental wellbeing but also contributes to the wellbeing of a community.

Fortunately, the California Department of Public Health (CDPH) and organizations throughout Contra Costa County recognize and value the need for supporting the oral health of our communities. With Prop 56 Tobacco tax funding, Contra Costa Health Services Family, Maternal and Child Health Programs established a Local Community Oral Health Program (COHP) in 2018 that engages a diverse group of stakeholders around this important issue. Enthusiastic participants share a vision to integrate oral health as part of overall health. This vision includes driving change through education, prevention, direct service and influencing local policies that impact our most vulnerable populations, including pregnant women, children and youth and their families who reside within our county of Contra Costa.

Over the course of the first year, COHP gathered existing data, inventoried relevant dental resources and conducted key informant interviews. The information obtained was shared and augmented by input from several advisory groups which led to the creation of an oral health needs assessment report. This process helped to highlight both the current strengths and gaps for several priority areas in our county.

Outcomes from this collaborative process helped to shape, guide and provide a roadmap for Contra Costa County's Community Oral Health Improvement Plan (CHIP). This report discusses how to implement evidence-based strategies, leverage partnerships, enhance local oral health infrastructure, evaluate interventions and mobilize sustainable strategies that are in alignment with the State Oral Health Objectives. Contra Costa members of the oral health collaborative acknowledge that beyond addressing the current burden of oral disease in our county will require persistence and a creative approach. With the momentum built thus far, we strive to engage partners in open discussions, recruit oral health advocates, commit to moving strategies forward and recognize the crucial role each of us play in impacting the health of our fellow community members.

CURRENT STRENGTHS AND AREAS OF IMPROVEMENT WITHIN THE COUNTY

The following strengths and assets in the oral health system within Contra Costa County have been identified as the following:

- Contra Costa has acknowledged the need to integrate oral health education and messaging at all levels: Individual, Community and Policy.
- Recognition from Contra Costa Senior Leadership that intentional policy efforts are crucial to maintaining sustainability.
- Community partners offer dental resources to patients.
- Agencies are investing in patient-centered, innovating models such as providing dental care in school-based settings and portable mobile vans.
- Contra Costa partners are reaching early childhood, school-aged children in areas that have been identified as the most vulnerable elementary schools.
- There are currently about 18 school districts that can leverage partnerships to incorporate oral health wellness within the county.
- Many departments are providing some degree of oral health interventions with available improvement to be made for more coordinated efforts.
- Health Care Workers such as CHW's (Community Health Worker) are being utilized to assist and encourage patients to set up preventive care dental appointments.
- Electronic health records used throughout organizations including several organizations with electronic internal referral systems that link in-house medical and dental specialists.

GAPS AND AREAS OF IMPROVEMENT WITHIN THE COUNTY

The following gaps and areas of improvement in the oral health system within Contra Costa County have been identified as the following:

- Key informant interviews revealed the need to recruit more Medi-Cal dental providers, as well as specialists such as endodontists and pediatric dental providers.
- Key informant interviews revealed opportunities for improved utilization, including an emphasis on explaining benefits to patient and families in a concise, culturally sensitive and clear understanding.
- Key informant interviews revealed that parents often have misinformed beliefs that their children's teeth are not permanent and thus do not need or believe preventive services are necessary.
- Dissemination of consistent and culturally inclusive oral health messaging.
- There are limited, affordable anesthesia resources available for dental phobic patients and for populations such as those with special healthcare needs.
- There is a need for a better distribution of dental providers including those that serve community members located in far East County.
- There are approximately only 1/3 of Medi-Cal eligible clients utilizing their dental benefits.
- Oral health and the importance of oral health care still needs to be highlighted in various sector policies.
- The need to systematize the collection of quality oral health information in order to establish baseline data. The information will give a true depiction of the burden of disease and accurately evaluate interventions.
- There is a need for coordinated oral health data base system similar to immunization program, The California Immunization Registry (CAIR).
- There is currently limited oral health status data available for recent graduated youth populations of 18-20 years of age.
- About 24% of children assessed in grades K-6th during 2017-2018 by COHP team had untreated dental decay. Retention checks that have occurred the following year revealed many children still had untreated decay.

BACKGROUND

ORAL HEALTH OVERVIEW

Maintaining good oral health is part of maintaining overall health. Oral health milestones often mark key points in a child's life including a baby's first tooth, a child's first adult tooth, and adolescent braces. We often consider oral or dental health to be a marker of an individual's health but is also indicative of the health of a population. In the United States, cavities or dental decay is the most common chronic condition among children.³ If cavities are left untreated, acute infections can have harmful effects on other parts of the body.⁴ Studies have shown associations between poor oral health and systemic conditions like diabetes and endocarditis. Fortunately, poor outcomes resulting from dental decay are largely preventable through multiple interventions outlined in this report.

Dental decay not only directly impacts one's health but also has peripheral academic and socioeconomic consequences. Statewide, California students reported missing an estimated 874,000 school days due to dental problems-at a cost of \$29 to \$32 million dollars in lost average daily attendance funding.⁵ Locally, close to 1 out of every 4 Contra Costa kindergartners has been shown to have untreated dental decay as they enter the school system (COHP 2017-2018 data). This can contribute to school absences which negatively impact funding and academic performance. Additionally, missed school days also means missed workdays for parents who must tend to their ill children and often seek invasive, costly urgent dental treatment. In fact, in 2014 there were 763 emergency room visits for youth under 20 years old due to a non-traumatic dental condition.⁶ Utilization of non-traumatic dental care within this setting greatly impacts financial cost, possibly more than what is invested in prevention-based care. In order to alleviate financial burden and provide our children with the best opportunity for good health at an early age, oral health must be prioritized.

3 U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000

4 FrameWorks Institute with Oral Health. DENTAQUEST FOUNDATION: Oral Health Multimedia Toolkit. Communication Tools. 2017. Retrieved from <https://frameworksinstitute.org/toolkits/dentaquest/communications-tools.html>

5 Pourat N and Nicholson G. Unaffordable Dental Care is Linked to Frequent School Absences. Los Angeles, CA: Policy Brief. UCLA Center for Health Policy Research 2009

6 Children Now. Children Now® Insider: Why Children's Oral Health Matters. 2019, March 5. Retrieved from <https://www.childrennow.org/oralhealthmatters/#1551298249182-6ab28828-8565>

CONTRA COSTA PROFILE

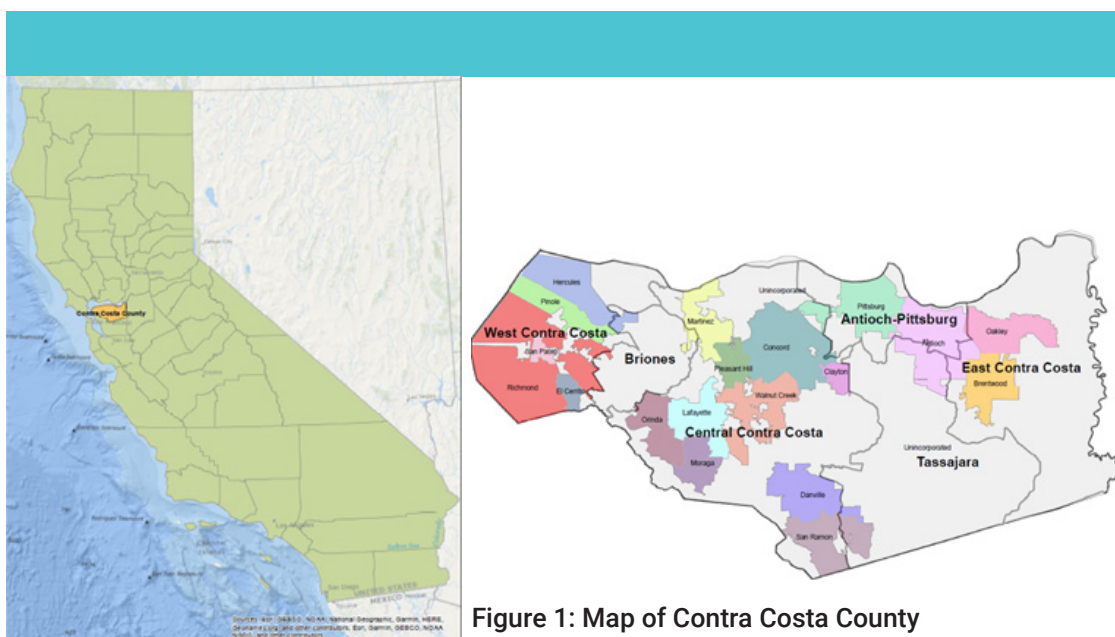


Figure 1: Map of Contra Costa County

Contra Costa County resides within the San Francisco Bay Area. It covers 716 square miles and includes 19 incorporated cities and numerous unincorporated areas. In 2017, the population was over 1 million, approximately 1,147,439 with a growth of 9.0% from 2010.⁷ With the rapid rate of residents within the county, approximately 25% of the population includes children under 19 years of age.⁸ Contra Costa County is the 9th largest county (population), of the 58 counties in the State of California. The county also has a median household income of \$95,339,⁹ however, oral health care access and financial cost remains a prevalent issue for residents including many of the vulnerable populations that are in crisis and struggling to make ends meet for their families. A sizeable portion of the population remains in economic risk (9.3 of the population lives below FLPL),¹⁰ despite median house income growth due the rapid rate of residency trends within San Francisco Bay Area..

7 U.S. Census Bureau. American Community Survey 1-Year Estimates, Population by Age and Sex S0101. 2010 and 2017

8 U.S. Census Bureau. American Community Survey 1-Year Estimates, Population by Age and Sex S0101. 2010 and 2017

9 U.S. Census Bureau. American Community Survey 1-Year Estimates, Median Income in Past 12 Months S1903. 2017

10 U.S. Census Bureau. American Community Survey 1-Year Estimates, Poverty Status in last 12 months S1701. 2017

RACIAL AND ETHNIC DIVERSITY CONTINUES TO INCREASE IN OUR COUNTY

Between 2010 and 2017, the percentage of white residents fell from 47.8% to 43.6% while the percentage of African American residents fell from 8.8% to 7.8%. The percentage of other racial/ethnic groups increased—the percentage of Hispanic residents grew from 24.4% to 25.7%, and Asians residents from 14.6% to 16.7 (See Figure 2).¹¹ Of Contra Costa residents ages five years and older, 64.2% reported speaking only English at home in 2017, down from 66.9% in 2010. Of the 35.8% of residents who speak a language other than English at home, over half speak Spanish.¹² In addition, 25.4% of the 2017 residents were born outside of the United States compared to 23.6% in 2010.¹³

Contra Costa’s racial and ethnic distributions differ from that of the State:

In 2017, Contra Costa County had a similar percentage of Hispanic residents (25.7%) than the state (39.1%)¹⁴. While Contra Costa County’s percentage of non-Hispanic white residents (43.6%) was higher than the state’s (37.0%), Contra Costa also had a larger percentage of African American and Asian residents (7.8% and 16.7%) than the state (5.5% and 14.4%, respectively)¹⁵ (See figure 3). With a thriving and diverse population, Contra Costa collaborative efforts will strive to ensure oral health equity for all populations within our County.

11 U.S. Census Bureau. American Community Survey 1-Year Estimates, Hispanic or Latino by Race B03002. 2010 and 2017

12 U.S. Census Bureau. American Community Survey 1-Year Estimates, Language Spoken at Home S1601. 2010 and 2017

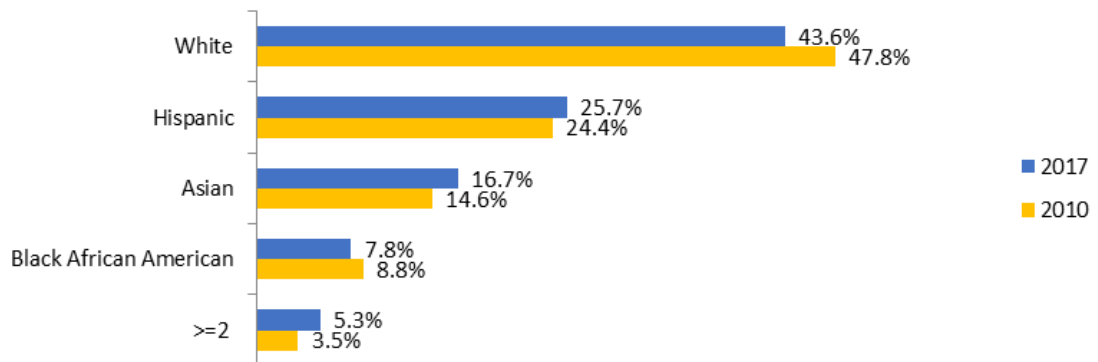
13 U.S. Census Bureau. American Community Survey 1- Year Estimates, Place of Birth by Citizenship Status B05002. 2010 and 2017

14 U.S. Census Bureau. American Community Survey 1- Year Estimates, Hispanic or Latino by Race S1601. 2010 and 2017

15 U.S. Census Bureau. American Community Survey 1- Year Estimates, Hispanic or Latino by Race S1601. 2010 and 2017

HOUSING AND ECONOMIC INFLUENCES

Figure 2: Contra Costa Race/Ethnicity 2010 vs. 2017



**Race/Ethnicity in 2017
Contra Costa vs. California**

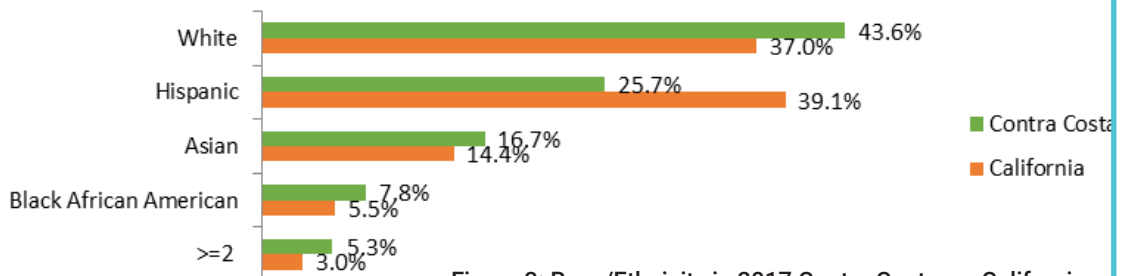


Figure 3: Race/Ethnicity in 2017 Contra Costa vs. California.

Contra Costa County has a median household income of \$95,339, the 6th highest of the 58 California counties.¹⁶ **However, many Contra Costa families are in crisis and more are struggling to make ends meet** according to a recent report published by the United Way of California, “Struggling to Stay Afloat – The Real Cost Measure 2018.” The 2017 Federal Poverty Level (FPL) for a family of four was \$24,600.¹⁷ However, the FPL is a national measure that does not adjust for the higher cost of living necessary to reside in Bay Area counties such as Contra Costa.

According to the data collected by the US Census as part of the American Community Survey (ACS) in 2017:

- 105,495 people (9.3% of the population) lived in households below the FPL and of this number, 30,777 (29%) of them were children.¹⁸

- 222,951 (19.6%) people lived below 185% FPL (\$37,777 for a family of 3).¹⁹
- 47,857 (4.2%) of Contra Costa residents lived in deep poverty (earning less than 50% of FPL).²⁰

Depending on family makeup, the Real Cost for living in the Bay Area varies greatly. The figure below demonstrates how different family make up can greatly influence the amount of money needed to live in Contra Costa County. The United Way estimated that 27% of Contra Costa households were living below their Real Cost in 2013–2017.²¹

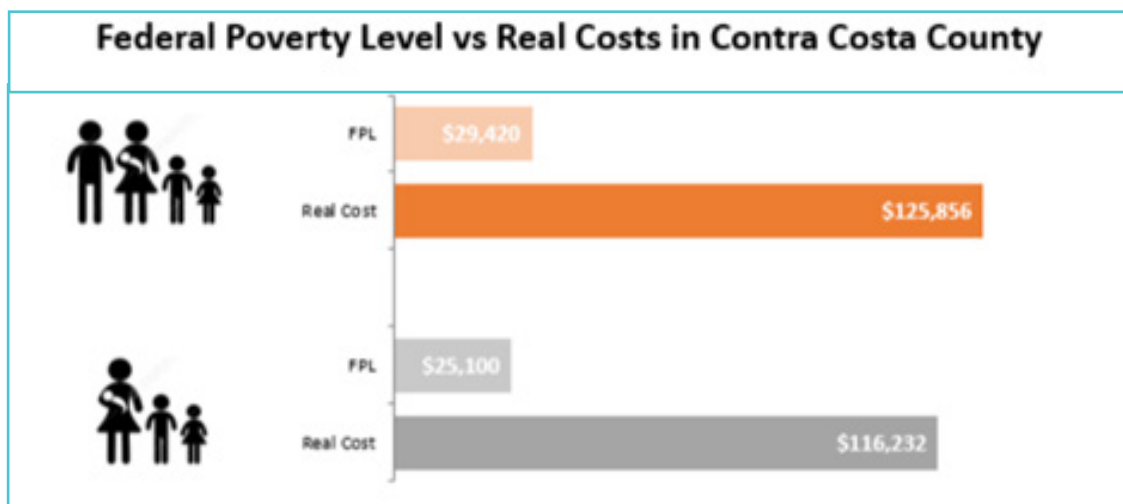


Figure 4: FPL vs. Real Costs in Contra Costa

2018 Poverty Guidelines, Federal Registry, U.S. Department of Health and Human Services under the authority of 42 U.S.C 9902(2) (5 person and 4-person family size, respectively) Struggling to Stay Afloat: The Real Cost Measure in California 2018 by United Ways of California in partnership with 83 Consults (2 Adults, children age 0, 3, 8 and 1 adult, children age 0, 3, 8 respectively).

15 U.S. Census Bureau. American Community Survey 1- Year Estimates, Hispanic or Latino by Race S1601. 2010 and 2017

16 U.S. Census Bureau. American Community Survey 1-Year Estimates, Median Income in Past 12 Months S1903. 2017

17 U.S. Department of Health and Human Services. 2017 Poverty Guidelines. Office of the Planning Secretary for Planning and Evaluation

18 U.S. Census Bureau. American Community Survey 1-Year Estimates, Poverty Status in last 12 months S1701.2017

U.S. Census Bureau. American Community Survey 1-Year Estimates, Poverty Status in last 12 months S1701.2017

20 U.S. Census Bureau. American Community Survey 1-Year Estimates, Ratio of Income to Poverty in the Last 12 months B17002. 2017

21 United Ways of California. The Real Cost Measure Dashboard. Contra Costa. 2013-2017. Retrieved from: https://public.tableau.com/views/TheRealCostMeasureDashboard2019/RealCostMeasureDataViz?:embed=y&:display_count=yes&publish=yes&:origin=viz_share_link&:showVizHome=no

While Contra Costa median household income and the percentage of households earning less than 400% of poverty compares favorably to that of the state, a sizeable portion of our population is still at economic risk (See figure 5).

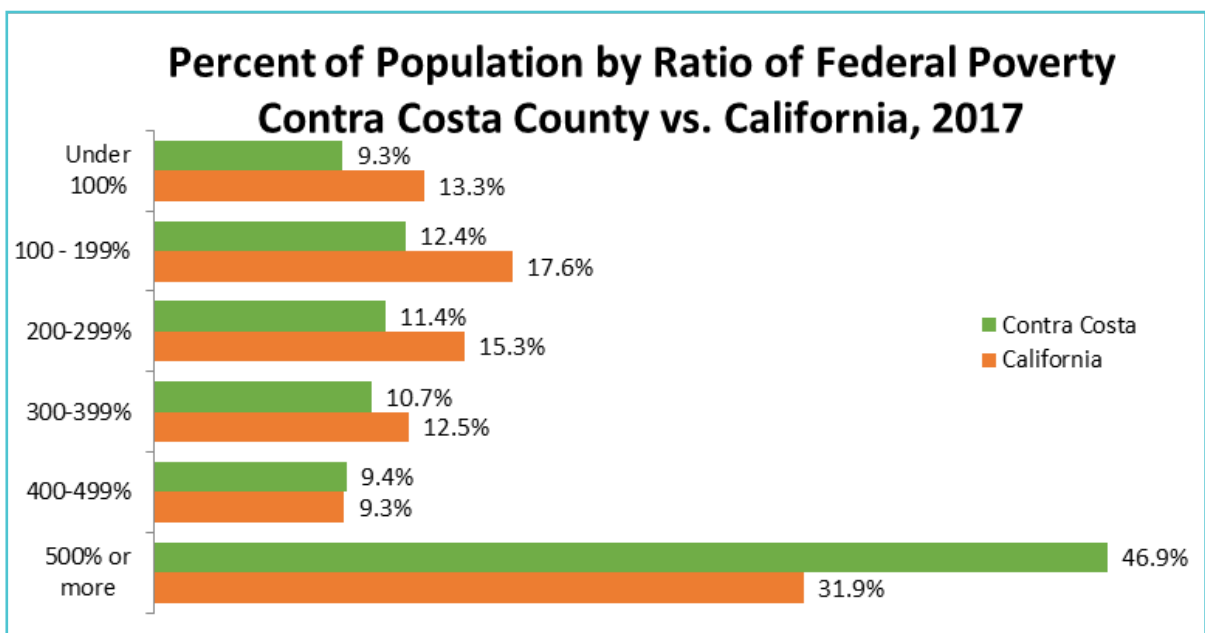


Figure 5: Percent of Population by Ratio of FPL, Contra Costa vs. California, 2017

PROCESS

LOCAL ORAL HEALTH PROGRAM FUNDING

Funding for Contra Costa’s Local Oral Health Program is provided by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, also known as Proposition 56. Approximately, sixty-one local health jurisdictions throughout the State have been granted support to build partnerships, assess needs, enhance local infrastructure, and mobilize on strategies that are in alignment with State objectives.

PROCESS

Contra Costa implemented the following steps in its needs assessment process, informed by the model published by the Association of State and Territorial Dental Directors (ASTDD) (See Figure 6)

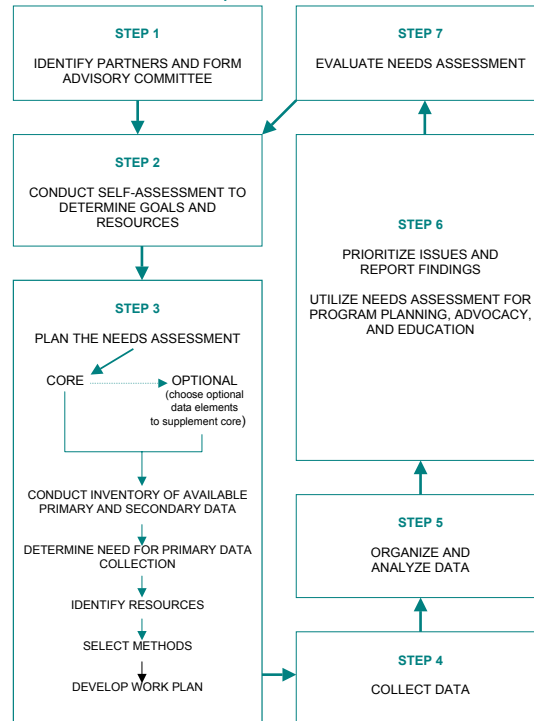


Figure 6: Seven-Step Needs Model

STEPS

1. Identified, developed and convened partners
2. Conducted an assessment of resources
3. Planned and continued the needs assessment
4. Collected data
5. Organized and analyzed data
6. Utilized data for program planning, advocacy and education²²

This iterative process led to identifying the oral health community needs and also provided a framework for developing the Community Oral Health Improvement Plan for Contra Costa (CHIP).

STEP 1: IDENTIFYING, DEVELOPING AND CONVENING PARTNERS; CONDUCTING SELF-ASSESSMENT TO DETERMINE ORAL HEALTH ISSUES

Within a seven-month period, Contra Costa Health Services led a local oral health planning team known as the Engine Team and 3 additional advisory groups to ensure a comprehensive and inclusive oral health planning process.

ENGINE TEAM: *Local Oral Health Planning Team - Contra Costa Health Services (CCHS)*

Formation of the planning of Engine Team was critical in ensuring that a variety of partners met on a consistent basis to move the oral health work forward. The Engine Team consisted of several Contra Costa Health Services (CCHS) Family, Maternal and Child Health (FMCH) program staff. Contra Costa also contracted with Hatchuel, Tabernik, and Associates who helped facilitate and provide guidance on aspects of the community health improvement planning process.

²² California Department of Public Health. California Oral Health Plan 2018-2028. Sacramento. 2018

ADVISORY GROUP 1: *Public Health Oral Health Collaborative*

The Public Health Oral Health Collaborative group was formed to understand existing programs within the Public Health Division of CCHS. It also provided the group an opportunity to discuss improvements around care coordination for our targeted population. This group was comprised of three existing CCHS Public Health programs.

- Family, Maternal, and Child Health Programs (FMCH)
- Public Health Clinic Services Dental Program (PHCSD)
- Child Health and Disability Prevention Program (CHDP)

Within this group, an internal assessment was completed to identify current oral health processes within each program and where joint oral health efforts could be improved. It was determined that better care coordination between programs would greatly impact the primary goal of helping children and families establish regular dental homes in order to receive continuing care. Also aligning the school-based oral health education, prevention, and sealant program with the school-based dental clinics and CHDP care coordination programs would support and sustain community linkages for children and their families.

ADVISORY GROUP 2: *OHLA- Oral Health Leadership Advisory Group, CCHS*

This essential group comprised of senior leaders, division directors, and managers within the Contra Costa Health Services Departments (CCHS). This executive leadership team was presented with information on the California Department of Public Health (CDPH) 2018-2028 Oral Health Plan, the importance of oral health, as well as, pertinent secondary oral health data. Informed with this content, they participated and contributed to activities that identified strengths and gaps within the CCHS system. Having this information displayed, then assisted the group to prioritize unmet oral health needs of the county. In addition, these activities provided a unique opportunity for various divisions to engage in discussions and share the work they do around oral health. Overall, this process revealed that CCHS has a high functioning oral health system in place, but gaps still exist and improvements around coordination still need to be made.



Image 1: OHLA participants on May 16, 2018 participating in an asset mapping activity.

ADVISORY GROUP 3 (COHLA): Community Oral Health Leadership Group, Contra Costa

The COHLA group was comprised of at least thirty Community Partners invested in the wellbeing of Contra Costa County residents. The variety of partners included those who either provide direct dental services, work with our targeted population and/or passionately advocate for the clients they serve.

Participants were represented from a variety of organizations (see appendix).

This Community Advisory Group also engaged in rich discussions around asset mapping, raised important questions and provided critical recommendations based on their unique perspective. When possible, they also contributed oral health data from their respective agencies.

The following oral health key areas of need were identified by Advisory Group 3 (COHLA):

- Oral health training and education
- Oral health policy and advocacy
- Oral health outreach, which included oral health promotional brochures and community events
- Consistent information, communication, and resources in other languages

-
- Increase number of oral health specialists
 - Understanding of Medi-Cal dental benefits

Additional feedback provided included:

- Increase need for dental vans that provide treatment
- Advocate for community oral health needs
- Increase “dental day” events for Contra Costa
- Utilization of passive oral health consents in schools
- Importance of medical/dental integration
- Development of county oral health policy
- Ensuring the use of technology in addressing oral health issues

STEP 2: CONDUCTING ASSESSMENT OF INTERNAL AND EXTERNAL RESOURCES

As part of the OHLA and COHLA convenings, a “gallery walk” exercise in which participants began to map out available resources and highlight existing gaps in Contra Costa. They circulated among a dozen stations and shared their knowledge by responding to questions such as: What do we have in this area? What already exists in this area? What else do we need? What are the gaps?

- Access to Medi-Cal, Medi-Cal dental or other insurance programs
- Case management/ care coordination
- Early oral health (age 0-5 years) treatment, programs, resources
- Oral health education programs and resources
- Collaborations and associations that can impact oral health
- Private sector dentists’ programs and resources
- Oral health workforce programs for education and training
- Oral health prevention program and resources
- Communications regarding oral health programs, campaigns, resources
- Access programs for oral health resource and activities
- School district oral health programs and resources
- School based oral health programs, partnerships, resources

Information regarding existing strengths in the County, as well as, opportunities to focus on in the Community Health Improvement Plan (CHIP) were shared. For a detailed list of participants and work-groups please visit the Needs Assessment Report online at cchealth.org/dental

STEP 3: PLANNING AND CONTINUING THE NEEDS ASSESSMENT

A comprehensive scan of all oral health assets and gaps identified through the Engine Team, Public Health Oral Health Collaborative, OHLA and COHLA advisory groups helped to narrow the target population selected for the initial phases of the Community Oral Health Improvement Plan (CHIP) and incorporated it into our vision statement:

“Children and youth, including those with special healthcare needs, and pregnant women in Contra Costa County will have optimal oral health”

Once the population was selected, a comprehensive data collection plan was organized and presented using the themes below.

- Demographics/characteristics
- Oral health status
- Systems development
- Oral health knowledge/behaviors/literacy
- Perceptions and barriers
- Dental workforce capacity
- Facilities and services
- Prevention and risk reduction

STEP 4 AND STEP 5: COLLECT DATA; ORGANIZE AND ANALYZE DATA

From the initial phases, the Engine Team began to collect and review publicly available data, as well as, augment it with data points shared by collaborative members. They examined qualitative and quantitative data derived from key informant interviews, community partner input and population level data. This process was carried out in order to get a broader picture of our County's oral health status, needs and resources. It also revealed that there is limited dental data available and we need to improve that.

This analysis resulted in the identification of seven oral health priorities areas which will guide local action to ensure our target population will achieve optimal oral health.

Seven Oral Health Priority Areas

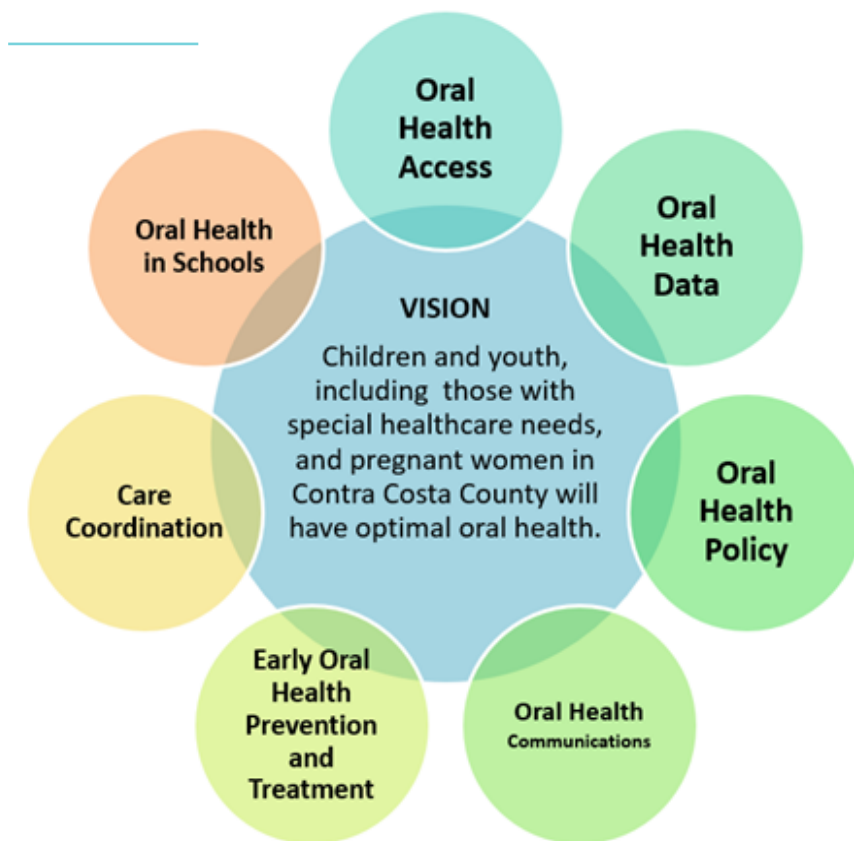


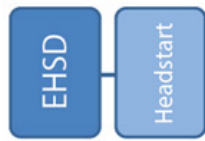
Figure 6a: Seven Oral Health Priority Areas

Formation of Six Oral Health Workgroups

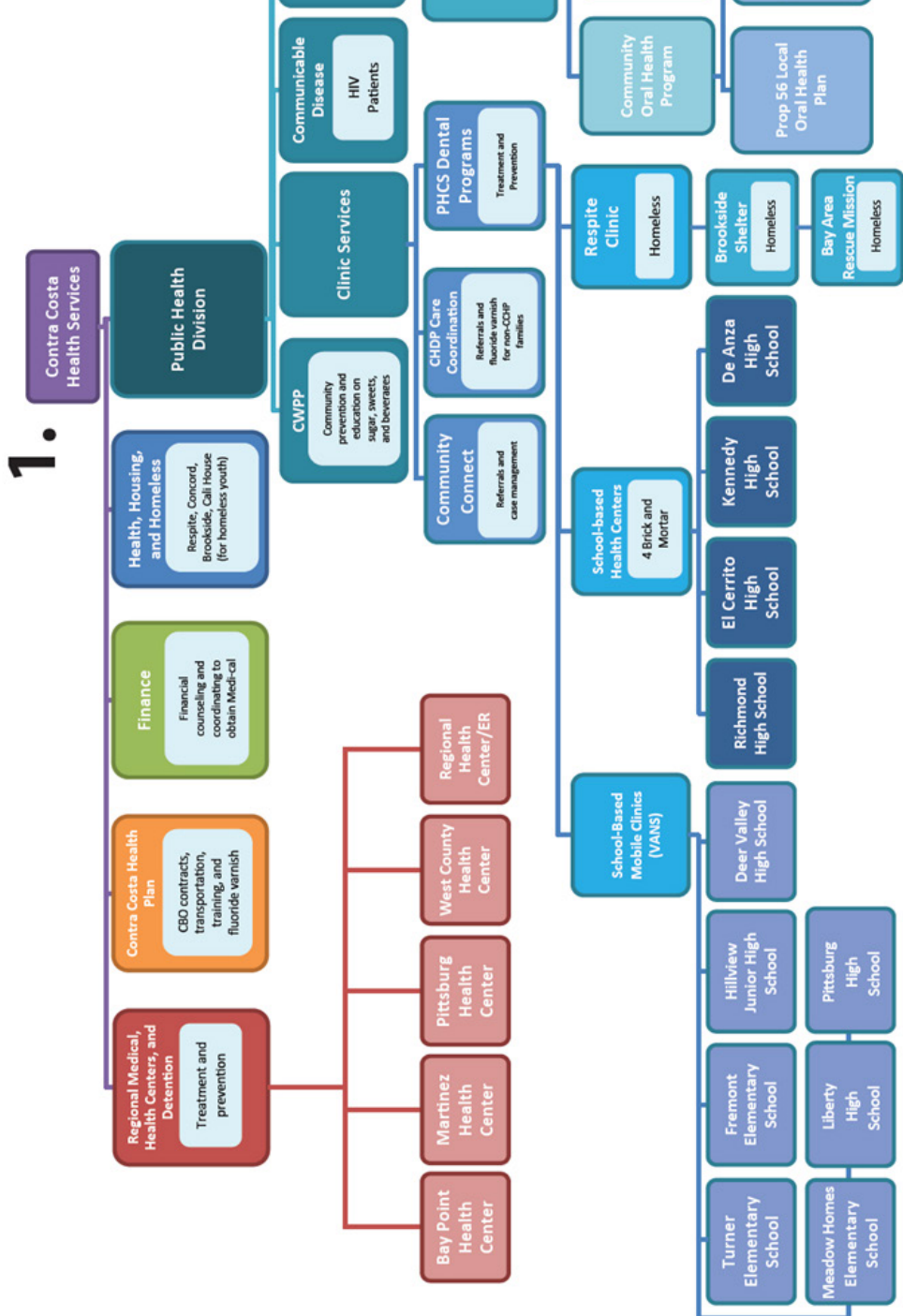
The identification of seven priority areas then led to the formation of six workgroups designed to conduct a deeper dive of the priorities. Members of the advisory groups were encouraged to join one or more workgroups and bring their respective knowledge and expertise to these sessions. During the workgroups, participants were provided unique data packets that contained pertinent statistics which helped inform and support further discussions as they began to develop Contra Costa oral health goals, objectives, strategies, and actions (GOSA).

STEP 6: UTILIZE NEEDS ASSESSMENT FOR PROGRAM PLANNING, ADVOCACY, AND EDUCATION

Through convening advisory meetings and conducting a needs assessment process, a systemic view of Contra Costa assets was revealed. A total of eight oral health system elements that provide services to children and youth ages 0-20 and pregnant women were revealed. The services identified in relation to these agencies are along a spectrum from providing education, technical assistance, referrals and outreach to providing direct services. The mode of delivery also varies between agencies as some use a more traditional brick and mortar approach while others provide more mobile services (See figure 7).



2.



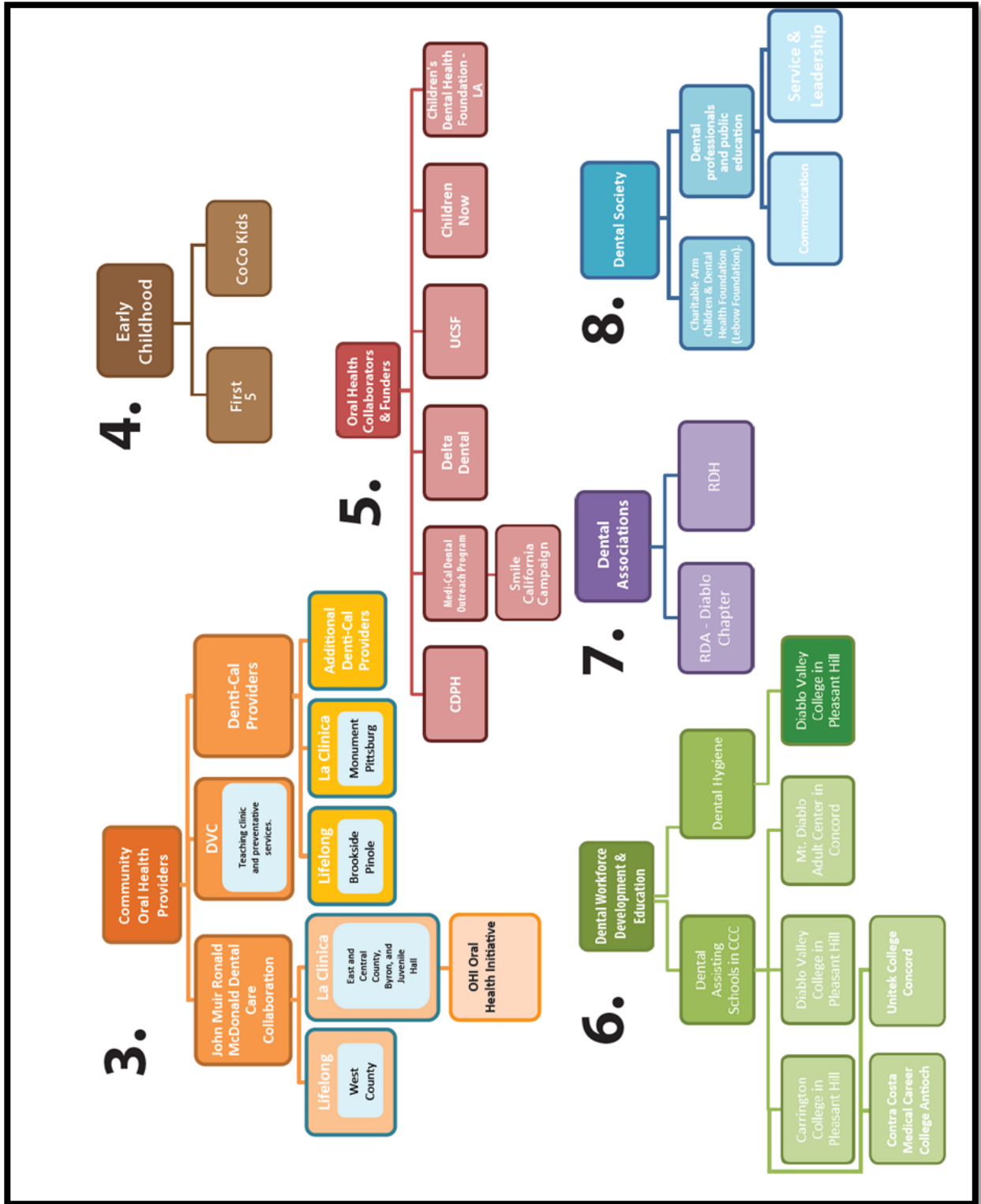


Figure 7: Oral Health Systems in Contra Costa Map

SUMMARY OF KEY FINDINGS

- In 2017, 105,495 people in Contra Costa (9.3% of population) lived in households below the federal poverty level and among that number 30,777 or 29% of them were children.²³
- In 2017–18, Contra Costa County’s Children’s Oral Health Program (COHP), reported that of the 3,898 children assessed, 59% had dental caries experience and 24% had untreated caries.²⁴
- In 2017–2018, La Clinica’s Oral Health Initiative (OHI) program screened 433 children, of whom 130 were considered “urgent cases.”²⁵
- In 2017, there were 80,587 Medi-Cal eligible children ages 0–17²⁶ and only 31 general dentists within the County accepting new Medi-Cal dental patients as of April 2018.²⁷
- An estimated 9,125 children and adolescents ages 0–17 were Medi-Cal eligible annually from 2012–2016 in East Contra Costa²⁸ and only 1 general dentist was accepting new Medi-Cal dental patients as of April 2018.²⁹
- In 2016, only 37% of Medi-Cal eligible residents ages 0–20 visited a dentist.³⁰
- In 2016, only 14.4% of Medi-Cal eligible children ages 12–24 months had an annual dental visit.³¹
- In 2014, 763 emergency room visits for youth under 20 years of age in Contra Costa were due to a non-traumatic dental condition.³²
- In 2017, of 14,617 Contra Costa County kindergarteners, 7198 (49%) returned a completed kindergarten oral health assessment.^{33,34}
- In 2012, 49.0% of Contra Costa women with a live birth reported having a dental visit during pregnancy compared to 42.1% across California.³⁵

23 U.S. Census Bureaus. American Community Survey 1-Year Estimates, Poverty Status in last 12 months 21701. 2017

24 Contra Costa Department of Public Health, Family Maternal and Child Health, Children’s Oral Health Program Internal Program data

25 La Clinica Oral Health Initiative. 2018

26 U.S. Census Bureau. American Community Survey 1-Year Estimates, Medicaid/Means Tested Coverage B27007. 2017

27 Department of Health Care Services. Medi-Cal Dental, Denti-Cal Provider Directory. 2018. Retrieved from www.dental.ca.gov.

28 U.S. Census Bureau. American Community Survey 5-Year Estimates, Medicaid/Means Tested Coverage C27007. 2012–2016

29 Department of Health Care Services. Medi-Cal Dental, Denti-Cal Provider Directory. 2018. Retrieved from www.dental.ca.gov.

30 California Department of Health Care Services. Service Utilization, Dental Data Reports. 2016

31 California Department of Health Care Services. Service Utilization, Dental Data Reports. 2016

32 California Office of Statewide Health Planning and Development. Emergency Department Patient Discharge Data. 2014

33 California Department of Education. Dataquest, Enrollment by Grade. 2017

34 California Dental Association. AB1433 Reported Data. 2017

35 California Department of Public Health. Maternal and Infant Health Assessment. 2012 County Report. 2012

MISSION, VISION, GUIDING PRINCIPLES

Stakeholders provided input in the development of a Mission Statement, Oral Health Vision Statement and Guiding Principles that assisted in framing the community oral health improvement plan. The overall collective vision is to ensure children and youth, including those with special healthcare needs and pregnant women in Contra Costa County will have optimal oral health.



Oral Health Vision, Mission and Guiding Principles for Contra Costa

Vision

Children and youth, including those with special healthcare needs, and pregnant women in Contra Costa County will have optimal oral health.



Mission

Oral health is integrated as part of overall health for pregnant women, children, youth and their families through education, prevention, direct service and local policies.



Guiding Principles

- Oral health is integral to overall health
- Partnerships are a strength and necessary to achieve good oral health for all
- Every child and youth has a right to preventive and accessible oral health services
- We will prioritize health equity in our community
- We will strive to provide services with cultural awareness and humility
- We believe that our systems and policies can support conceptual and programmatic integration of oral health
- We believe that prevention and upstream community-based approaches can improve oral health.
- We will build oral health infrastructure with an eye to accessibility, sustainability and flexibility
- We will use data, evidence-based practices, and evaluate our work when possible
- We will use technology to maximize the quality and delivery of oral health care



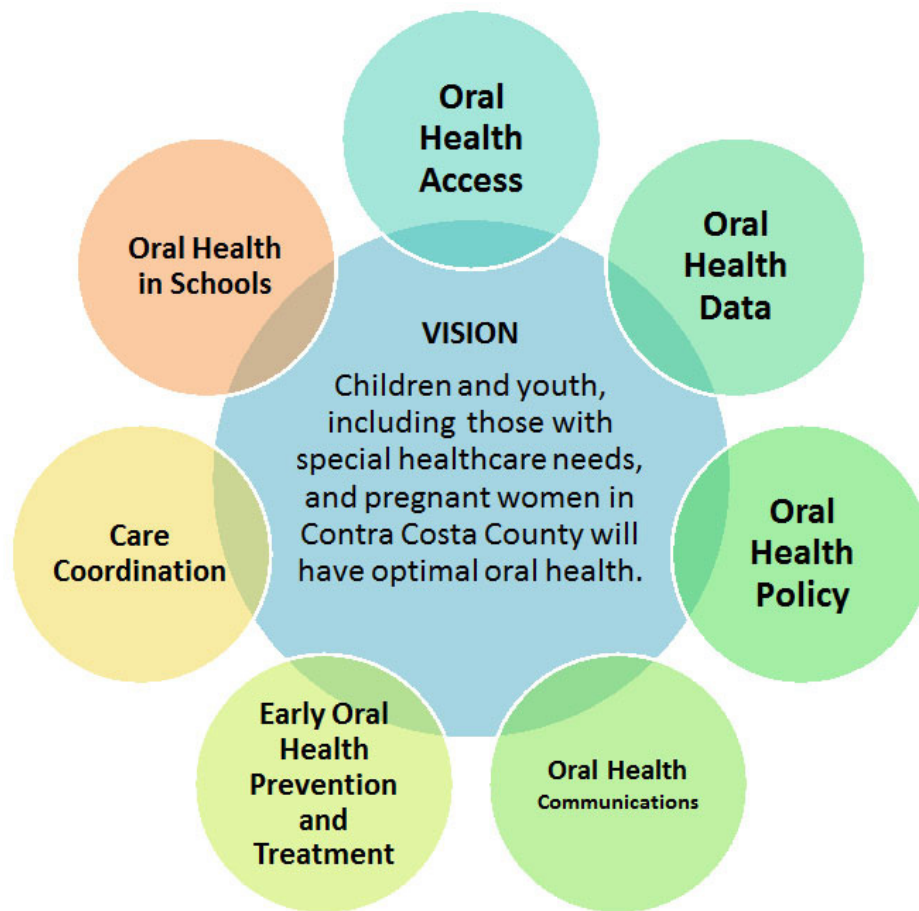
Community Oral Health Program

Funded by the California Department of Public Health (CDPH) under Contract #17-10687

COMMUNITY ORAL HEALTH IMPROVEMENT GOALS

Input from various advisory groups led to the development of the local Community Oral Health Improvement Plan (CHIP). Enthusiastic work group participants outlined 12 goals and 31 objectives. This inclusive process collated input from diverse sectors and encouraged the use of “SMART” goals (specific, measurable, achievable, realistic and time based). Towards the conclusion of this phase, it was determined that given the finite amount of time and available resources, it would be most prudent to focus on a few targeted objectives thought to have the most potential for impact.

Overall, members appreciated participating in this unique seven-month collaborative process. They expressed gratitude in being able to connect with new and former partners, learn or renew perspectives on the importance of oral health, and participate in a forum that strives to impact the community they serve. In fact, members voiced that a regular oral health platform to engage, coordinate, strategize and implement actions is necessary. With their support, the process has now evolved into the Contra Costa Ora Health Collaborative which intends to convene on a quarterly basis. Passionate members also created and supported having a unifying tagline that defines our efforts: “Community partnerships promoting healthy smiles for Contra Costa.”



Goal 1: Improve oral health access for Contra Costa County’s diverse population of Medi-Cal eligible pregnant women, children, and adolescents through education, prevention and treatment.
(ACCESS)

Goal 2: Improve Countywide data collection on oral health data and indicators.
(DATA)

Goal 3: Contra Costa County oral health policies will support systems and services for children and youth, including those with special health care needs and pregnant women.
(POLICY)

Goal 4: Contra Costa residents will be informed on the importance of oral health to overall health.
(COMMUNICATION)

Goal 5: All Medi-Cal eligible pregnant women will have a dental exam and oral health education at least once during pregnancy.
(EARLY PREVENTION)

Goal 6: Medi-Cal eligible parents, caregivers, and legal guardians will understand the importance of oral health practices for children age 0-5 years.
(EARLY PREVENTION)

Goal 7: All Medi-Cal eligible children will be seen by a dentist by their first birthday or first tooth.
(EARLY PREVENTION)

Goal 8: Pregnant women and youth age 0-20 years are linked to a dental home that provides access to preventive, routine, and specialty dental care
(ACCESS)

Goal 9: Develop an integrated information system to facilitate patients’ overall oral health care and maintained relationship with a dental home.
(DATA)

Goal 10: Develop and build collaboration and coordination around oral health across Contra Costa County.
(CARE COORDINATION)

Goal 11: Increase school-based and school-linked oral health prevention and treatment programs for children and youth who lack Medi-Cal dental providers.
(ORAL HEALTH IN SCHOOLS)

Goal 12: Elementary school site staff and parents, caregivers, and legal guardians of school-age children will understand the importance of oral health practices.
(ORAL HEALTH IN SCHOOLS)

Objectives (Specific, Measurable, Achievable, Realistic, Timed)	Strategies (How)
<p>GOAL 1 (ACCESS): Improve Oral Health Access for Contra Costa County's diverse population of Medi-Cal Eligible Pregnant Women, Children and Adolescents through Education, Prevention and Treatment.</p>	
<p>Objective 1.2: By June 2022, establish at least 20 new sites serving Medi-Cal eligible families (e.g. Head Start, WIC, childcare centers, schools, and community events) where children receive oral health education, screenings, fluoride varnish and/or sealants.</p>	<p>Strategy 1.2.A: Work with community partners to map existing sites, gaps, and providers that can implement screenings, fluoride varnish, and sealants.</p> <p>Strategy 1.2.B: Work with school districts to expand oral health prevention in classrooms.</p> <p>Strategy 1.2.A: Work with community partners to map existing sites, gaps, and providers that can implement screenings, fluoride varnish, and sealants.</p> <p>Strategy 1.2.B: Work with school districts to expand oral health prevention in classrooms.</p> <p>Strategy 1.2.C: Work with community partners who can provide space and coordinate patients for on-site screenings by Dentists, RDHAP, or RDH.</p> <p>Strategy 1.2.D: Ronald McDonald dental collaborative to work with Coco Kids home-based childcare to coordinate additional screenings in community settings (e.g. parks) to provide for parents, caregivers, and/or legal guardians.</p> <p>Strategy 1.2.E: Train medical providers in basic oral health assessment and varnish application.</p>

<p>Objective 1.3: By June 2022, increase the number of specialists who accept Medi-Cal Dental in Contra Costa and are accepting new patients by 10%. Specialists include: Pedodontists, Endodontists, Oral Surgeons, and Periodontists.</p>	<p>Strategy 1.3.A: Smile California to present at Dental Society meeting. Talking points to include how many children on Medi-Cal Dental in Contra Costa, gaps, etc.</p> <p>Strategy 10% 1.3.B: Train providers who do take Medi-Cal on how to treat young children.</p> <p>Strategy 1.3.C: Explore other Bay Area partnerships: La Clinica and other oral health specialists where there may be subcontracting opportunities.</p> <p>Strategy 1.3.D: Coordinate with the Ronald McDonald Collaborative, CCHS Public Health dental clinics, and Dental Society.</p> <p>Strategy 1.3.E: Expand oral health resources by incorporating RDHAPs into primary care clinics.</p>
<p>Objective 1.4: By 2022 increase utilization by 1% of Medi-Cal Dental benefits by using state measures/rate, children and adolescents, which includes children and adolescents with special health care needs 0-20 years of age. <i>Note: A separate objective will be made for pregnant women.</i></p>	<p>Strategy 1.4.A: Increase the knowledge of community partners on Medi-Cal Dental and how they can educate their clients on the utilization of Medi-Cal Dental benefits.</p>
<p>GOAL 2 (DATA): Improve Countywide Data Collection on Oral Health Data and Indicators.</p>	
<p>Objective 2.3: By June 2022, the % of newly enrolled kindergarteners in Contra Costa County who returned the kindergarten oral health assessment form will increase by 20%. <i>Note: This includes public, private, charter, religious, and alternative school sites.</i></p>	<p>Strategy 2.3.A: Identify current best practices being used in Contra Costa school districts. Learn what works best to obtain kindergarten consents.</p> <p>Strategy 2.3.B: Identify a champion school district that is willing to serve as a model for others. The champion school district can demonstrate, evaluate and share its findings on KOHA improvement.</p> <p>Strategy 2.3.C: Contra Costa County school districts will include oral health screening as a requirement for new students in Kindergarten or first grade.</p>

GOAL 4 (COMMUNICATIONS):	
All Contra Costa Residents Will Be Informed on the Importance of How Oral Health Is Part of Overall Health.	
Objective 4.1: By December 2022, the CCHS Community Oral Health Program will educate 300 stakeholders including community members, public and private entities, medical and/or dental care providers about the importance of oral health, preventive oral health, and oral health resources using materials and messaging from statewide “Smile California” social marketing campaign.	<p>Strategy 4.1.A: Partner with Smile California social marketing campaign to optimize impact in Contra Costa.</p> <p>Strategy 4.1.B: Integrate oral health education messaging through medical visit programs.</p> <p>Strategy 4.1.C: Integrate oral health education messaging in home visits.</p> <p>Strategy 4.1.D: Promote the importance of oral health in multiple languages through various media outlets and mediums, e.g. TV, billboards, and/or social media, buses, etc.</p> <p>Strategy 4.1.E: Identify and implement a train the trainer Oral Health Education module. (Multi-lingual) UCSF Training Module</p>
GOAL 5 (EARLY ORAL HEALTH PREVENTION AND TREATMENT):	
All Medi-Cal Eligible Pregnant Women Will Have a Dental Exam and Oral Health Education At Least Once During Pregnancy.	
Objective 5.2: By 2022, 5 agencies that serve pregnant women will incorporate oral health education into practice. Agencies to include, e.g., home visiting programs, such as Prenatal Care Guidance (PGG) and Black Infant Health (BIH), First 5, Early Head Start, WIC, Nurse-Family Partnership (NFP), and Brighter Beginnings.	<p>Strategy 5.2.A: Educate providers and share practical tips on incorporating Oral Health into client engagement.</p> <p>Strategy 5.2.B: Create an event such as an oral health awareness month where oral health is highlighted for pregnant moms and they are connected to community partners.</p>
GOAL 9 (CARE COORDINATION):	
Develop an Integrated Information System to Facilitate Patients Overall Oral Health Care and Maintenance of a Dental Home.	
Objective 9.1: By 2022, the Oral Health Collaborative for Contra Costa will meet 4-6 times a year to assess, support, and assure establishment of effective oral healthcare delivery and care coordination systems and resources. (see objective 10 in LOHP workplan)	Strategy 9.1.A: Identify 2-4 integrated information systems strategies for improving oral health care amongst children and adolescents.

**Goal 11 (ORAL HEALTH IN SCHOOLS):
Increase School-Based or School-linked Oral Health Prevention and Treatment Programs for Children and Youth Who Lack Medi-Cal Dental Providers.**

<p>Objective 11.1: By June 2022, provide Medi-Cal Dental benefits and dental provider information to at least 50 educational sites within Contra Costa including: pre-schools, K-12, alternative schools, adult schools, and local colleges.</p>	<p>Strategy 11.1.A: Collaborate with Contra Costa educational systems to increase enrollment into Medi-Cal programs in school site settings.</p>
<p>Objective 11.2: By June 2022, increase parent, guardian and/or legal guardian consents received by school oral health programs by 10% for screening and/or treatment through school-based and/or school linked services.</p>	<p>Strategy 11.1.B: Work with internal partners, e.g. EHSD and financial counselors, to host Medi-Cal enrollment at educational system sites and after school programs.</p> <p>Strategy 11.2.A: Collaborate with school districts: AUSD, MDUSD, PUSD, and WCCUSD.</p> <p>Strategy 11.2.B: Work with other agencies and counties to understand how consent issues are being addressed. Learn best practices to address consent conundrum.</p> <p>Strategy 11.2.C: Implement streamlined/redesigned consent process in at least two additional high need schools and increase consents gathered in school already participating by June 2021.</p>

**GOAL 12 (SCHOOLS):
Parents, Caregivers, and/or Legal Guardians (PCLG) of School Age Children and School Staff Will Be Knowledgeable About the Importance of Oral Health.**

<p>Objective 12.2: By June 2022, educate 50% of school site teaching staff about the importance of oral health.</p>	<p>Strategy 12.2.A: By June 2020, educate school staff who have oral health services at their sites. This will include: Incorporating oral health education into school staff meetings. Sharing basic training materials that help teachers recognize students who may have unmet dental needs.</p> <p>Strategy 12.2.B: By June 2020, educate school district administrators and staff at schools that have an oral health program on the impact of poor oral health and its effects on student performance and attendance.</p>
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SURVEILLANCE AND EVALUATION

In order to assess the impact of our Community Oral Health Improvement Plan, an evaluation plan will be synthesized. This will help monitor progress and determine areas of needed improvement.

APPENDIX

APPENDIX A: TOP 10 ORAL HEALTH OBJECTIVES

Top 10 Oral Health Objectives

Contra Costa County

Increase the number of specialists who accept Medi-Cal Dental: Pedodontist, Endodontist, Oral Surgeon, and Periodontist

Increase utilization of Medi-Cal Dental benefits which includes children and adolescents with disabilities 0-20 years of age (separate objective in process for pregnant women)

Establish at least 20 new sites serving Medi-Cal eligible families where children receive oral health education, screenings, fluoride varnish and/or sealants

Increase parent, guardian and/or legal guardian consents received by school oral health programs

Educate school site staff who have an oral health program **about the importance of oral health**

Provide Medi-Cal referral/enrollment information to at least 50 educational sites within Contra Costa including: pre-schools, K-12, alternative schools, adult schools, and local colleges

Increase the number of new kindergarteners in Contra Costa County who **returns** the **kindergarten oral health assessment form**

Educate 300 stakeholders about the importance of oral health, preventive oral health, and oral health resources using materials and messaging from statewide "Smile California" social marketing campaign

Agencies that serve pregnant women will **incorporate oral health education** into practice

Improve care coordination of oral health efforts through **Oral Health Collaborative – Contra Costa**

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Last Updated 09/18/19



APPENDIX B: CONTRA COSTA COUNTY LOCAL ORAL HEALTH PLAN TIMELINE

The California Department of Public Health (CDPH) developed a 10-year framework to improve the oral health of Californians and to achieve oral health equity across the state. Over sixty local health jurisdictions are spearheading this Statewide effort by creating local oral health community health improvement plans. Contra Costa Health Services, Family, Maternal and Child Health Program (FMCH) received a CDPH grant for 5 years to lead this effort locally. Our goal is to improve the oral health of pregnant women, children, youth (ages 0-20), including those with special health care needs in Contra Costa County.

January 2018	<ul style="list-style-type: none"> FMCH received Prop 56 funding from CDPH to develop local oral health plan
March 2018	<ul style="list-style-type: none"> Recruited, hired, and on-boarded Community Oral Health Program (COHP) staff Designed oral health needs assessment Initiated oral health data collection process Established Contra Costa Health Services Oral Health Engine Team Hired consultants to help support rollout of Local Oral Health Plan: Hatchuel, Tabernik and Associates (HTA) Convened CCHS Public Health Oral Health Collaborative – internal oral health coordination
April 2018	<ul style="list-style-type: none"> Convened CCHS Public Health Oral Health Collaborative – internal oral health coordination Initiated oral health need assessment process
May 2018	<ul style="list-style-type: none"> Developed oral health vision, mission and guiding principles Convened Public Health Oral Health Collaborative 5.2.18 Convened CCHS Oral Health Leadership Advisory 5.16.18 <ul style="list-style-type: none"> Internal oral health assets and gap mapping Identified target group population for Contra Costa
June 2018	<ul style="list-style-type: none"> Convened Community Oral Health Leadership Advisory 6.27.18 Conducted community oral health assets and gap mapping Identified Seven Oral Health Priorities for Contra Costa County <ol style="list-style-type: none"> Oral Health Access Oral Health Data Oral Health Policy Oral Health Communications Early Oral Health Prevention and Treatment

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APPENDIX B: CONTRA COSTA COUNTY LOCAL ORAL HEALTH PLAN TIMELINE

	<ul style="list-style-type: none"> 3. Oral Health Policy 4. Oral Health Communications 5. Early Oral Health Prevention and Treatment 6. Care Coordination 7. Oral Health in Schools • Expanded target population to include pregnant women • End of Fiscal Year 1
July 2018	<ul style="list-style-type: none"> • Continued oral health needs assessment process by implementing key informant interviews and surveys
August-October 2018	<ul style="list-style-type: none"> • Established and convened 6 Oral Health Workgroups (2 meetings each): <ul style="list-style-type: none"> ➢ Oral Health Access ➢ Oral Health Data & Policy ➢ Oral Health Communications ➢ Early Oral Health Prevention & Treatment ➢ Care Coordination ➢ Oral Health in Schools • Drafted oral health goals, objectives and strategies for priority areas • Each workgroup held 2 meetings and drafted oral health goals, objectives and strategies for corresponding priority areas • 3 Oral Health Steering Committee meetings were held (one meeting was a joint half day retreat on October 24, 2018 that included Contra Costa Oral Health Steering Committee and Oral Health Workgroups to finalized contents of the oral health strategic plan • Oral Health Steering Committee voted on the goals, objectives and strategies (12 goals and 31 objectives) • Drafted Contra Costa County Oral Health systems map that includes 8 elements: <ol style="list-style-type: none"> 1. Contra Costa Health Services 2. Employment and Human Services 3. Community Oral Health Providers 4. Early Childhood 5. Oral Health Collaborators and Funders 6. Dental Workforce Development & Education 7. Dental Associations 8. Dental Society • Built out and drafted oral health strategies for community health improvement plan
November 2018	<ul style="list-style-type: none"> • Oral Health Steering Committee approved oral health community health improvement plan • Steering Committee prioritized 10 oral health objectives:
	<ol style="list-style-type: none"> 1. Increase the number of specialist and/or pediatric dentists who accept Medi-Cal 2. Increase utilization of Medi-Cal benefits of pregnant women, children and adolescents, including those special health care needs ages 1-20 years of age 3. Establish at least 20 new sites serving Medi-Cal eligible families where children receive oral health education, screenings, fluoride varnish and/or sealants 4. Increase parent, guardian and/or legal guardian consents received by school oral health programs 5. Staff at schools that have an oral health program will demonstrate knowledge about the importance of oral health 6. Provide Medi-Cal referral/enrollment information to at least 50 educational sites within Contra Costa including: pre-schools, K-12, alternative schools, adult schools, community colleges, and CSUEB 7. Increase the number of new kindergarteners in Contra Costa County who receive the kindergarten oral health assessment 8. Educate 100 stakeholders about the importance of oral health, preventive oral health, and oral health resources using materials and messaging from statewide "Smile California" social marketing campaign 9. Agencies that serve pregnant women will incorporate oral health education into practice 10. Health care providers will have the ability to verify dental homes and share other oral health information
December 2018	<ul style="list-style-type: none"> • Contra Costa Oral Health Community Health Improvement Plan for pregnant women and children ages 0-20 was drafted • Established method for communicating to partners • Initiate development of oral health evaluation plan

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APPENDIX C: LIST OF COLLABORATIVE PARTNERS

- Adolescent Family Life Program (AFP), CCHS
- Alameda County Office of Dental Health
- Anthem Blue Cross
- Antioch Unified School District
- Brighter Beginnings
- California Children Services, CCHS
- California Dental Association (CDA)
- Child Health and Disability Prevention (CHDP), CCHS
- Children Now
- Communicable Disease Programs, CCHS
- Community Connect - Whole Person Care, CCHS
- Community Education Information (CEI), CCHS
- Community Wellness and Prevention Program (CWPP), CCHS
- Contra Costa Child Care Council (CocoKids)
- Contra Costa County Alcohol and Other Drug Substance Program
- Contra Costa County Community Services Bureau
- Contra Costa County Elections Department
- Contra Costa County Office of Education
- Contra Costa Dental Society
- Contra Costa Health Plan (CCHP)
- Contra Costa Health Services (CCHS)
- Contra Costa Probation
- Contra Costa Regional Medical Center (CCRMC)
- Delta Dental
- Dentist on Wheels
- Diablo Valley College; Dental Hygiene Clinic (DVC)
- East Bay Town Center Dental
- Epidemiology, Planning and Evaluation, CCHS
- Family, Maternal, and Child Health Programs (FMCH), CCHS
- First 5
- Grand Canyon University, MPH Program
- Hatchuel Tabernik & Associates
- Head Start
- Health, Housing and Homeless Services, CCHS
- Healthy and Active Before 5
- Healthy Families America (HFA), CCHS
- Henry Schein Dental
- Information Technology, CCHS

APPENDIX C: LIST OF COLLABORATIVE PARTNERS

- John Muir Community Health Fund
- John Muir Health
- Just Health 510; Non-Profit Community Dental Health Clinic
- La Clínica de la Raza
- Lifelong Medical1/21
- Linguistic Access Services, CCHS
- Marin Health & Human Services
- Medi-Cal Dental
- Mt. Diablo Adult Education
- Mt. Diablo Unified School District
- Muir Station Smiles
- Nurse-Family Partnership (NFP), CCHS
- Perinatal Services Program, CCHS
- Pittsburg Unified School District
- Prenatal Care Guidance (PCG), CCHS
- Public Health Admin and Support Services, CCHS
- Public Health Clinic Services (PHCS), CCHS
- Public Health Nursing (PHN), CCHS
- Ronald McDonald Collaborative
- RotaCare Medical Clinic - St. Vincent De Paul Contra Costa
- Smile California
- The California Oral Health Technical Assistance Center (COHTAC), UCSF
- Tobacco Prevention Coalition (TPC), CCHS
- Tobacco Use Prevention Education Program (TUPE)
- Ultradent Products, Inc
- West Contra Costa Unified School District
- West Contra Costa Youth Services Bureau
- Women Infant and Children (WIC)
- YMCA of the East Bay

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CONTRA COSTA COMMUNITY PARTNERS
FOR COLLABORATING!
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