

Oral Health Needs Assessment 2018

Contra Costa County

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SECTION 1: EXECUTIVE SUMMARY

There is a direct connection between the health of the mouth (also referred to as oral health) and a person's daily life. ⁱ Oral health affects physical and mental health and impacts health outcomes within local communities. ⁱⁱ Oral health milestones may mark key points in a person's life: baby's first tooth, child's first tooth loss, adolescent braces, young adult's wisdom teeth extraction, and geriatric dentures. We often consider oral or dental health to be a marker of an individual's health, but it is also indicative of the health of a population.

In 2018, Contra Costa County Health Services – Family, Maternal, and Child Health Programs received Prop 56 funding from the California Department of Public Health to establish a local oral health program to assess local oral health needs, develop and evaluate a community health improvement plan, implement evidence-based oral health strategies, work with partners to promote and enhance local oral health infrastructure, and mobilize on strategies in alignment with the State oral health objectives.

This report highlights Contra Costa's oral health needs and opportunities as identified by a seven-month oral health needs assessment and community health improvement planning process driven by Contra Costa community stakeholders. Contra Costa community stakeholders noted that, despite high quality of care, too few providers accept Medi-Cal to meet the community's need and are not accessible to residents of all regions within the County. While preventive safety-net oral health services are robust and wide-spread within the Contra Costa community and schools, continued coordination is imperative to ensure students are receiving appropriate preventive and dental treatment. Oral health is not present in most policies, although there are opportunities for policy integration amongst several local sectors. Although there is an abundance of available oral health information, consistent oral health promotion and information sharing is lacking. It was also recognized that local oral health data is limited, which prevents a true depiction of the oral health status of the Contra Costa community. Lastly, Contra Costa partners called out the importance of ensuring intentional oral health efforts and special considerations for children and adolescents with special health care needs.

SEVEN ORAL HEALTH PRIORITY AREAS

Throughout the needs assessment process, Contra Costa's Community Oral Health Program (COHP) examined qualitative and quantitative data derived from key informant interviews, community partner input, and oral health population-level data. This analysis resulted in the identification of seven oral health priorities for the County. **These seven priorities will guide local action to ensure that children and youth, including those with special healthcare needs, and pregnant women in Contra Costa County will have optimal oral health.**

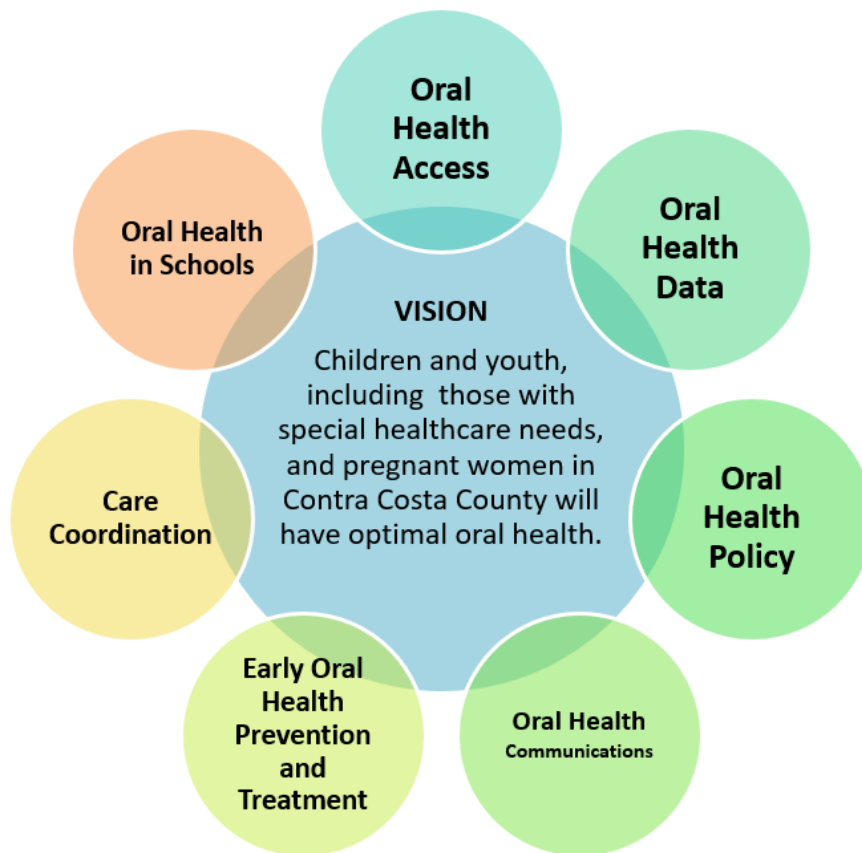


Figure 1: Seven Oral Health Priority Areas

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.ⁱⁱⁱ
- 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.^{iv}
- In 2017-2018, La Clinica’s Oral Health Initiative (OHI) program screened 433 children, of whom 130 were considered “urgent cases.”^v
- In 2017, there were 80,587 Medi-Cal eligible children ages 0-17^{vi} and only 31 general dentists within the County accepting new Medi-Cal dental patients as of April 2018.^{vii}

- An estimated 9,125 children and adolescents ages 0-17 were Medi-Cal eligible annually from 2012 – 2016 in East Contra Costa^{viii} and only 1 general dentist was accepting new Medi-Cal dental patients as of April 2018.^{vii}
- In 2016, only 37% of Medi-Cal eligible residents ages 0-20 visited a dentist.^{ix}
- In 2016, only 14.4% of Medi-Cal eligible children ages 12-24 months had an annual dental visit.^{ix}
- In 2014, 763 emergency room visits for youth under 20 years of age in Contra Costa were due to a non-traumatic dental condition.^x
- In 2017, of 14,617 Contra Costa County kindergarteners, 7198 (49%) returned a completed kindergarten oral health assessment.^{xi,xii}
- 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.^{xiii}

NEXT STEPS

In order to address gaps within the identified seven oral health priority areas, Contra Costa has identified the following next steps toward developing an oral health community health improvement plan in alignment with the State oral health objectives.

Next steps for Contra Costa include:

1. Refine the draft goals recommended by community partners:

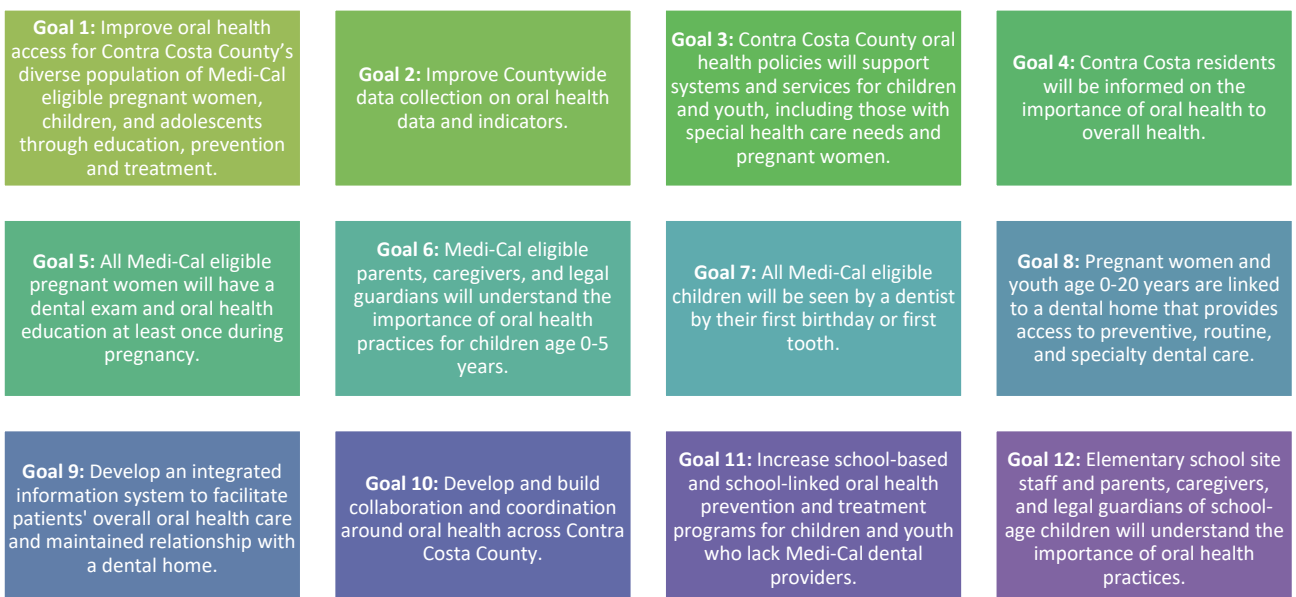


Figure 2: Draft Goals

2. Prioritize 2019 oral health implementation objectives within the seven oral health priorities areas.
3. Build capacity and engage stakeholders by organizing a regular oral health meeting for Contra Costa community partners/stakeholders to move the oral health priorities to action.
4. Facilitate care coordination discussions between Contra Costa oral health providers.
5. Continue to solicit and obtain primary oral health data from Contra Costa community partners.
6. Identify additional data collection opportunities in order to paint a clear landscape of the caries risk and prevalence of dental disease in children, adolescents, and pregnant women i.e., through kindergarten oral health assessments, prenatal visits etc.
7. Advocate for the implementation of evidence-based oral health programs, including school-based sealant programs, local water fluoridation, and collection of the Kindergarten Oral Health Assessments.
8. Work with community agencies to understand electronic medical/dental record systems and opportunities for dental integration/information sharing.
9. Improve consistent messaging around oral health across by eliminating jargon and technical language, presenting critical oral health information in engaging and compelling ways.
10. Incorporate oral health into existing successful Contra Costa public health policies following the model of Contra Costa Tobacco Prevention.

END OF EXECUTIVE SUMMARY

SECTION 2: BACKGROUND

CONTRA COSTA COUNTY PROFILE

Contra Costa County is located in the San Francisco Bay Area. It covers 716 square miles and includes 19 incorporated cities and numerous unincorporated areas. In 2017, the population of the county was 1,147,439, a growth of 9.0% from 2010.^{xiv}

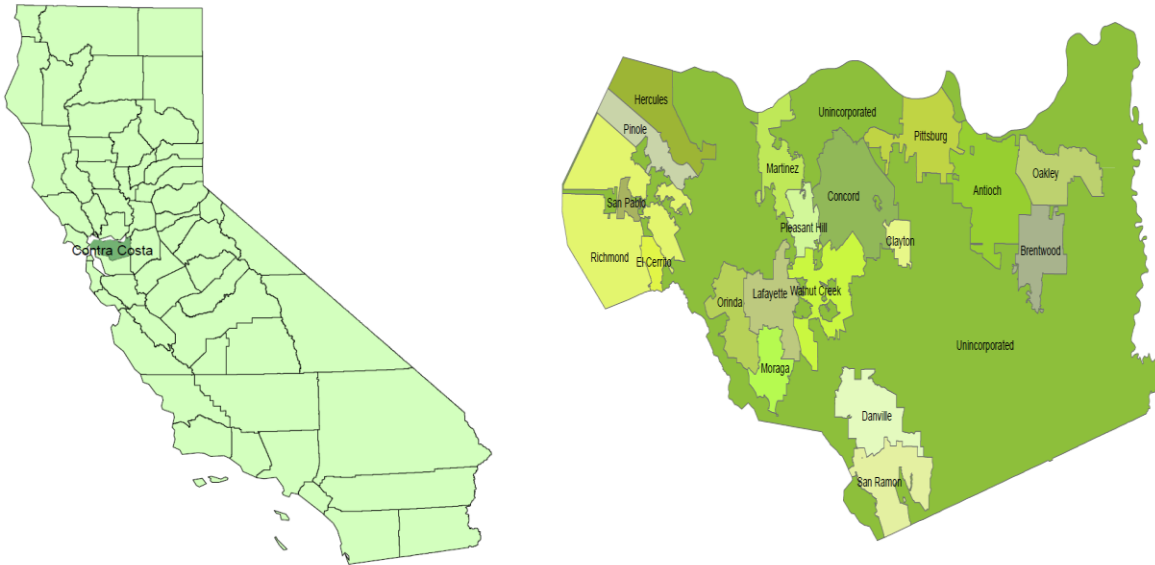


Figure 3: Map of Contra Costa County

Snapshot of Contra Costa County:

- Population = 1,147,439 and growing^{xiv}
- 287,446 (25.1%) are children and adolescents (age 0-19)^{xiv}
- Increasing racial and ethnic diversity
- Median household income of \$95,339, the 6th highest of the 58 California counties^{xv}
- A sizeable portion of the population still remains at economic risk

Racial and ethnic diversity continues to increase – 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 from 14.6% to 16.7% (Refer to Figure 4).^{xvi} Of Contra Costa residents age five years and older, 64.2% reported speaking only English at home in 2017, down from 66.9% in 2010.^{xvii} Of the 35.8% of residents who speak a language other than English at home, over half speak Spanish.^{xvii} In addition, 25.4% of 2017 residents were born outside of the United States compared to 23.6% in 2010.^{xviii}

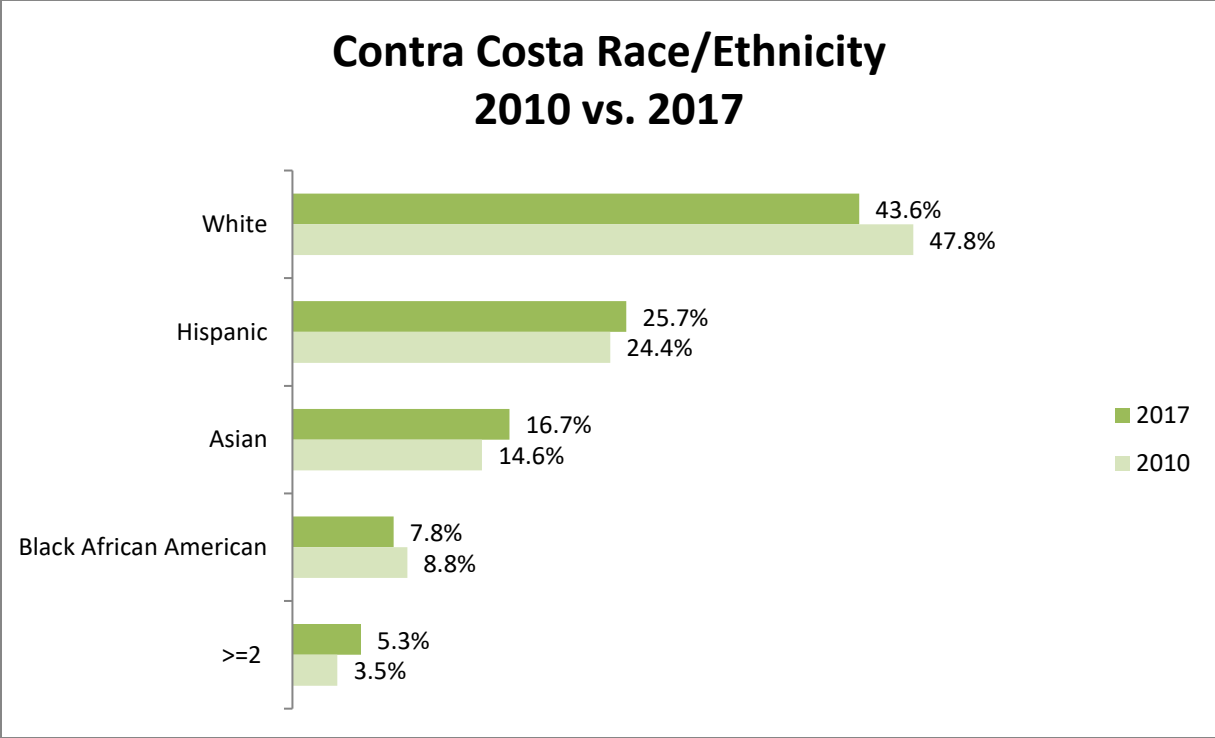


Figure 4: 2010 vs. 2017 Contra Costa Race/Ethnicity ^{xvi}

Contra Costa’s racial and ethnic distributions differ from that of the State. In 2017, Contra Costa County had a smaller percentage of Hispanic residents (25.7%) than the state (39.1%). 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 (7.8%) and Asian (16.7%) residents than the state (5.5% and 14.4%, respectively). ^{xvi}

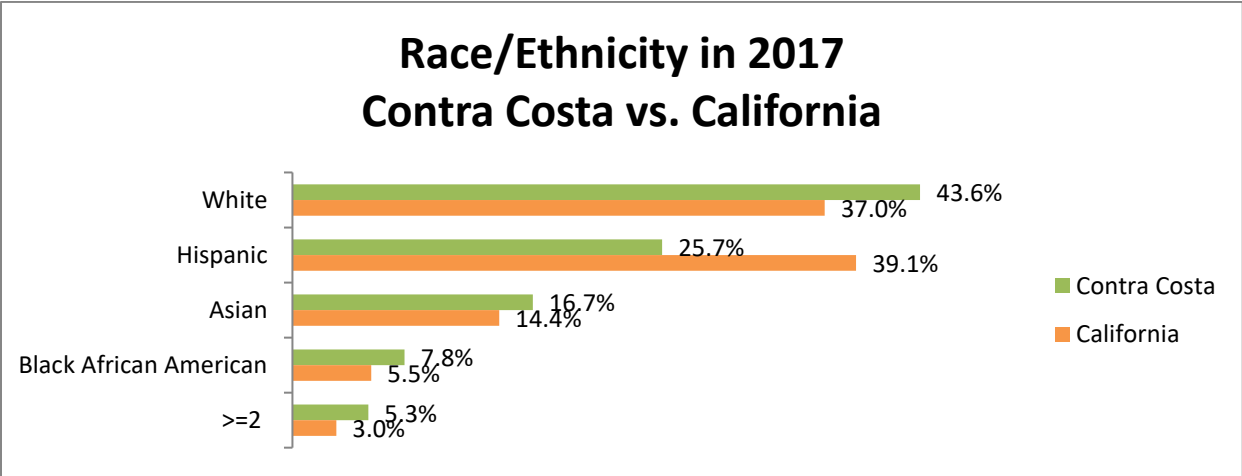


Figure 5: 2017 Race/Ethnicity Contra Costa vs. California ^{xvi}

Contra Costa County has a median household income of \$95,339, the 6th highest of the 58 California counties. **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.^{xix} 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 data collected by the US Census as part of the American Community Survey (ACS) in 2017:

- 105,495 people (9.3% of population) lived in households below the FPL and of this number, 30,777 (29%) of them were children ⁱⁱⁱ
- 222,951 (19.6%) people lived below 185% FPL^{xx} (\$37,777 for a family of 3)^{xix}
- 47,857 (4.2%) Contra Costa residents lived in deep poverty (earning less than 50% of FPL)^{xx}

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.**

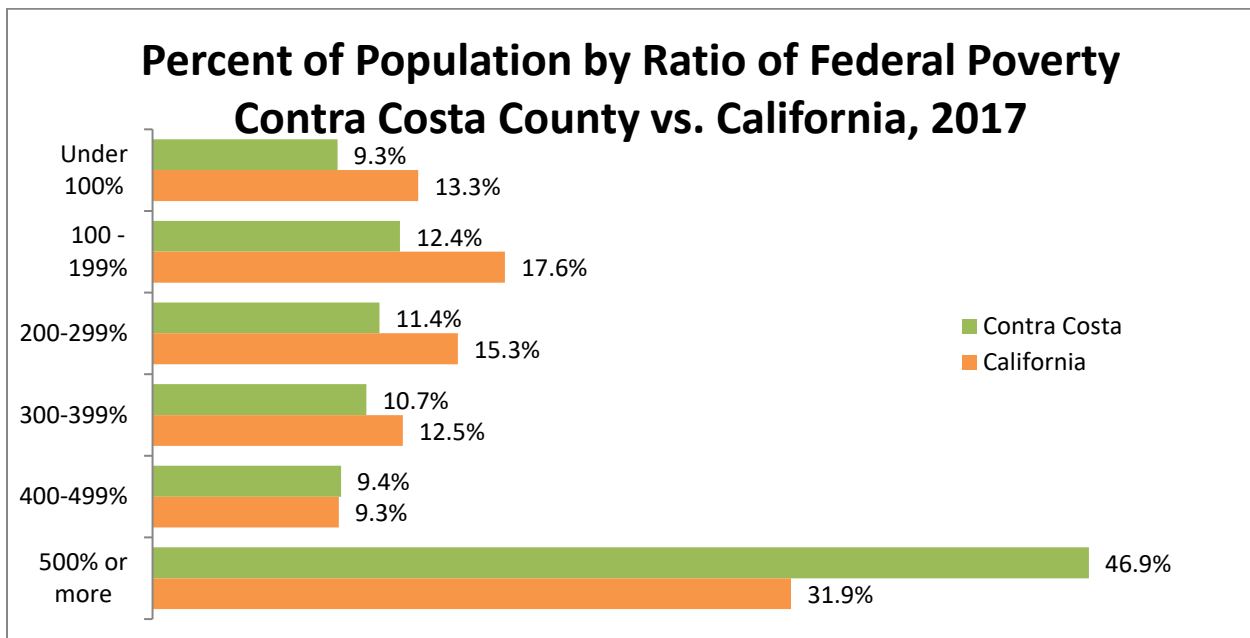


Figure 6: Percent of Population by Ratio of FPL, Contra Costa vs. California, 2017^{xx}

FUNDING FOR CONTRA COSTA'S LOCAL ORAL HEALTH PROGRAM

Funding for Contra Costa's Local Oral Health Program (including the funds supporting this assessment) is provided by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, also known as Proposition 56. Sixty-one local health jurisdictions throughout the State have been granted support to build partnerships, assess needs, enhance local infrastructure, and mobilize on strategies in alignment with State objectives. The California Oral Health Plan recommends implementing components of the five goals listed below:

- Goal 1:** Addressing determinants of health and health promotion through population-based prevention interventions.
- Goal 2:** Aligning systems to support and sustain community-clinical linkages for increasing utilization of dental services.
- Goal 3:** Collaborating with other systems to support prevention and early treatment services.
- Goal 4:** Developing and implementing oral health communication strategies that impact community health.
- Goal 5:** Developing and implementing oral health surveillance systems.

The funding received is available through June 2022. Contra Costa County will be working to address all five goals through a variety of strategies, partnerships, and collaborations to improve its oral health infrastructure.

SECTION 3: CONTRA COSTA NEEDS ASSESSMENT PROCESS

ORAL HEALTH NEEDS ASSESSMENT MODEL – THE ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS (ASTDD)

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):

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 education.^{xxi}

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

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 one planning team known as the Engine Team and three additional advisory groups to ensure a comprehensive and inclusive oral health planning process.

Local Oral Health Planning Team - Contra Costa Health Services (CCHS) Engine Team

Formation of the planning or Engine Team was critical in ensuring that a variety of thought 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 including: the FMCH Director, the Community Oral Health Program (COHP) Manager, the Public Health Lead Dentist, CCHS Epidemiologist, COHP Senior Health Educator, Lead Registered Dental Assistant as well as administrative support 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. The Engine Team utilized the ASTDD Seven Step Model and Worksheet #3 (see Appendix A) as a framework to collect secondary data. This process was led by CCHS's epidemiologist and fellow engine team members to ensure that valid and relevant data was being reviewed. A comprehensive list of secondary data can be found in the Appendix.

ADVISORY GROUP 1- Public Health Oral Health Collaborative

The Public Health Oral Health Collaborative group was formed to understand existing programs within Public Health and to coordinate children and youth oral health services within the Public Health Division. This group was comprised of three existing CCHS Public Health programs:

- Family, Maternal, and Child Health Programs - Children's Oral Health Program: provides oral health education, screenings, and applies fluoride varnish and sealants for elementary schools identified with high rates of free and reduced lunch.
- Public Health Clinic Services Dental Program (PHCSDP): provides prevention and treatment to children and adolescents, including homeless youth. It operates through several brick and mortar school health center sites in addition to two mobile dental vans.

- Child Health and Disability Prevention (CHDP) Program: implements fluoride varnish trainings to CHDP providers and coordinates care for Contra Costa’s fee-for-service Medi-Cal members.

Within this group, an internal assessment was completed to identify current oral health processes within each program 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. It was determined that continuity of oral health care services was an area for improvement, and that 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: Contra Costa Health Services Oral Health Leadership Advisory (CCHS OHLA)

The first OHLA meeting was held on May 16, 2018 and was attended by approximately 20 senior leaders, division directors, and managers. This group became the executive leadership team. Internal CCHS stakeholders in attendance included:

- Assistant to CCHS Health Services Director
- CEO of the Contra Costa Health Plan – managed care plan for Contra Costa
- Chief and Doctors of Pediatrics for Hospitals and Clinics
- Director of California Children Services for Contra Costa
- Director of Family, Maternal and Child Health programs
- Director of Financial Counseling
- Director of Housing, Health and Homeless
- Director of Public Health
- Director of Women, Infant, and Children (WIC)
- Directors and Managers of Public Health Clinic Services – School-Based Health Services
- Lead Registered Dental Assistants from Hospitals and Clinics
- Manager from Child Health Disability and Prevention
- Manager from Communicable Disease

The executive leadership team received information on the CDPH 2018-2028 California Oral Health Plan, the importance of oral health, and oral health secondary data for Contra Costa.

As a group, the CCHS – OHLA identified and prioritized internal oral health needs, identified strengths, and solidified collaborations among various divisions and programs. It was also recognized that each of the Contra Costa Health Service Departments and programs were addressing oral health in some capacity and that CCHS had a high functioning oral health system in place. However, despite all the oral health assets

within the CCHS system, it became apparent there were areas within the system that could be improved. Appendix B outlines the oral health assets and gaps that were identified. Please note that the statements are presented verbatim from the activity and have not been edited.



Image 1: COHLA participants on May 16, 2018 participating in the asset mapping activity

**ADVISORY GROUP
3: Contra Costa
Community Oral
Health Leadership
Advisory (COHLA)**

The COHLA was comprised of at least thirty external community partners who work in oral health, work with children and/or adolescents and represent various disciplines, community providers, and schools (see list below). Their role was parallel to the OHLA group; this group provided recommendations and raised questions which led to rich discussions about the oral health resources and gaps that impact the clients they serve in the community. They also shared available oral health data from their agencies.

Contra Costa Oral Health Community Partners

Antioch Unified School District
Brighter Beginnings
Children’s Dental Health Foundation
Contra Costa Alcohol and Other Drug Program
Contra Costa Child Care Council
Contra Costa County Community Services Bureau
Contra Costa County Office of Education
Contra Costa Crisis Center
Contra Costa Dental Society
Contra Costa Health Services
Contra Costa County Probation
Contra Costa Regional Medical Center
Diablo Valley College
First 5
First Baptist Head Start
George Miller Center

Healthy and Active Before Five
John Muir Community Health Fund
John Muir Health
Just Health 510 (Private Practice)
La Clinica De La Raza
Lifelong Dental
Los Medanos Community Healthcare District
Mt. Diablo Adult Education Program
Mt. Diablo Unified School District
Muir Station Smiles
Pittsburg Unified School District
Planned Parenthood Northern California
Smile California – Medi-Cal Outreach Team
West Contra Costa Unified School District
West Contra Costa Youth Services Bureau
Western Dental

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
- All community residents and professionals to understand dental life cycle
- 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” activity was integrated into the agenda to map out and assess the oral health assets and gaps in Contra Costa. Participants circulated through a dozen stations, spending a few minutes at each station. Participants shared their knowledge of assets by responding to questions including: 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

The information gathered supplemented the secondary data and provided significant input from a broad range of participants regarding the strengths of the oral health system and the opportunities that eventually became the focus areas of the community health improvement plan.



Image 2: "Gallery Walk" Asset Mapping Activity

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 helped to narrow the target population for the Contra Costa oral health strategic plan:

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

In order to carry out this step, multiple Engine Team meetings were conducted to draft an initial data collection plan with an emphasis on pregnant women and children/youth 0-20 years of age. This data collection plan was organized by these overall themes:

- 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

With additional input from the three advisory groups, several data resources were added to those supplied by CDPH and the Engine Team. The identification and collection of additional data responding to the OHLA and COHLA advisories helped inform the Engine Team on key data to be presented at several subsequent planning

meetings. Results and input from the asset and gap exercise enabled the Engine Team to identify seven themes that would serve as oral health priority areas.

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

After initially identifying protective factors through the OHLA and COHLA meetings, a more refined systemic view of Contra Costa assets emerged from further oral health discussions. The group realized that outlining the elements of a Contra Costa Oral Health system was a step in the needs assessment process that would support planning by describing resources that were already in place within the county. A total of eight oral health system elements that provide services to children and youth ages 0-20 and pregnant women were identified. In a series of meetings and collaborative efforts with county agencies and community partners, an oral health system map was created including oral health resources and programs in the following areas: Contra Costa Health Services, Employment and Human Services Department, community oral health providers, early childhood, oral health collaborators, funders, dental workforce development and education, Dental Associations and the Dental Society. The services identified in relation to these agencies vary in their content and mode of delivery from brick and mortar dental sites, mobile sites, education and training, technical assistance, to referrals and outreach. (See Appendix C: Contra Costa Oral Health System Elements)

Formation of Six Oral Health Workgroups

The secondary data initially collected was examined for relevance and categorized into each of the priority areas. These unique data packets were then distributed to the oral health working groups. Participants were encouraged to examine, review and bring in their expertise as they began to develop the goals and objectives for the CHIP. The data packets subsequently informed work group members and supported their discussions about the development of Contra Costa oral health goals, objectives, strategies, and actions (GOSA).

Concurrently, twelve key informant interviews were conducted to collect additional information from oral health practitioners, service providers and partners with an option to remain anonymous. An interview protocol was developed ensuring that a consistent format was followed with all interviewees. Utilizing the protocol, a set of questions was asked of each interviewee in relation to the identified seven oral health priorities: oral health access, oral health data, oral health policy, oral health communications, early oral health prevention and treatment, care coordination, and oral health in schools. The information gathered included oral health concerns and solutions related to the county's oral health priorities. The responses from the interviews provided a deeper understanding of the current oral health landscape related to key community stakeholders. Key informant interviews also guided workgroup discussions. (see Appendix D for CCHS Oral Health Key Informant Interview Questions.)

SECTION 4: KEY FINDINGS

The primary and secondary data and findings resulting from all aspects of the needs assessment work are summarized by oral health priority area below:

ORAL HEALTH ACCESS

Data

- In 2017 there were an estimated 80,587 Medi-Cal eligible aged 0-17^{vi} and 31 general dentists within Contra Costa County accepting new Medi-Cal dental patients.^{vii}

Themes from key informant interviews

- There are not enough dental providers in Contra Costa who accept Medi-Cal dental to support the community's oral health needs.
- There is a lack in specialty care services.
- Limited anesthesia resources available for dental phobic or special needs patients.

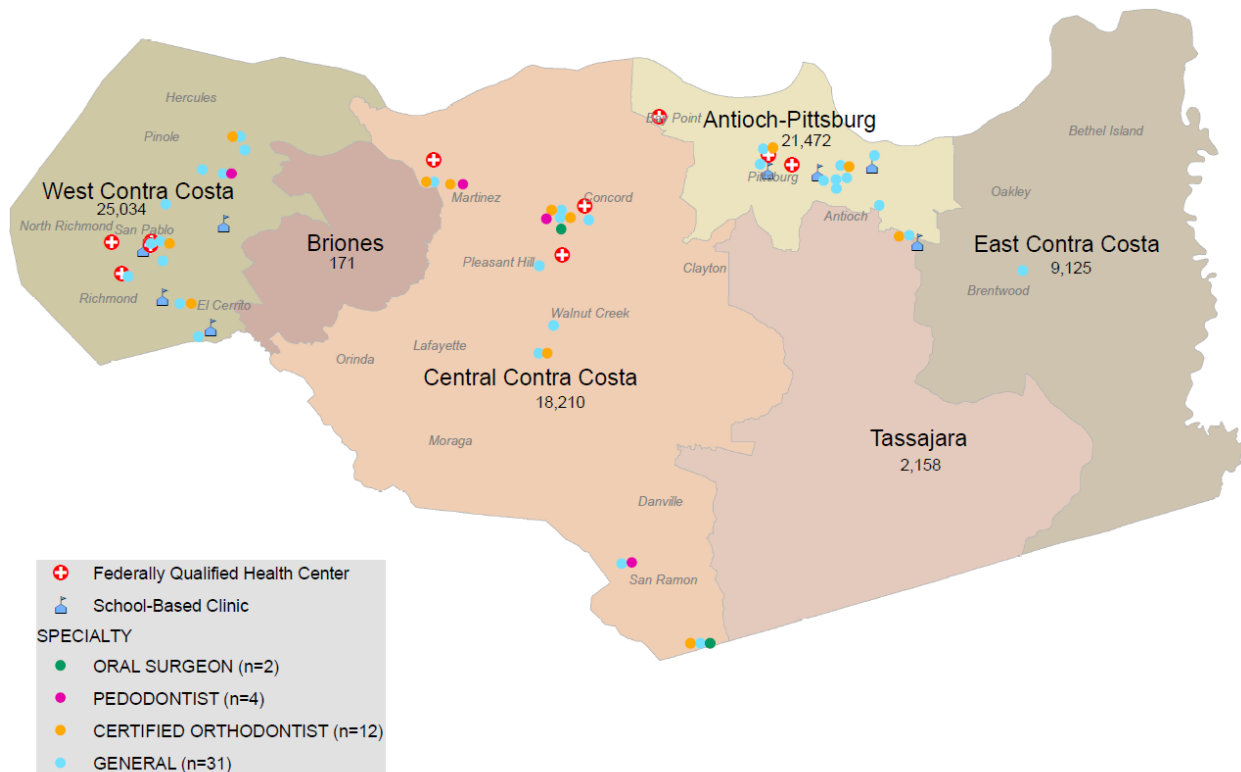
Insurance Coverage and Access

The level of insurance coverage in Contra Costa County is closely linked to socioeconomic status given that insurance is often tied to employment and income. Insurance coverage is an important indicator of access to necessary oral prevention and treatment county-wide. The map displayed below highlights the number of children and adolescents aged 0-17 with Medicaid eligibility (approximately 76,000) in relation to the 31 general dentists accepting new Medi-Cal dental patients. The visual emphasizes geographic disparities in dental staffing and further highlights the need to recruit more general dentists and specialists accepting Medi-Cal dental in underserved areas.

"We had one family that was on a bus for two-and-a-half hours to get to the dentist appointment, so we made sure to see the whole family."

- Key Informant

Dentists Accepting New Denti-Cal Patients
Census County Divisions and Population Under 18 Years Old Qualifies for Medicaid



Oral Health Workforce

Figure 7: General Dentists Accepting New Denti-Cal Patients ^{vii} with Medicaid Eligible in Contra Costa County Regions ^{viii}

Having a robust qualified workforce is essential to closing the gaps that may exist in achieving optimal community oral health. Health professionals from dental personnel to medical providers at federally qualified health centers and private providers must be involved in order to successfully fulfill the needs of Contra Costa County’s most vulnerable populations. After performing an environmental scan and market analysis of Contra Costa County, opportunities for growth remain. Due to trends in the housing market, residents are moving east in order to find more affordable housing. Therefore, future areas of growth will require increasing efforts in East Contra Costa County.

Significant strides have been made over the last decade to expand dental care for residents in other parts of the County. For example, in recent years organizations have invested in patient-centered dental care by bringing portable dental equipment or mobile vans into schools. This progressive model seeks to eliminate barriers, such as parents having to take off work or pull their children out of school, in order to receive routine oral care. The map below highlights this success by delineating areas where

several organizations are collaborating with school districts. Although a great and promising model, there are still not enough services or specialty services available to the multitude of children and adolescents who are Medicaid eligible.

Denti-Cal Service Providers and Medicaid Eligible by Census County Divisions

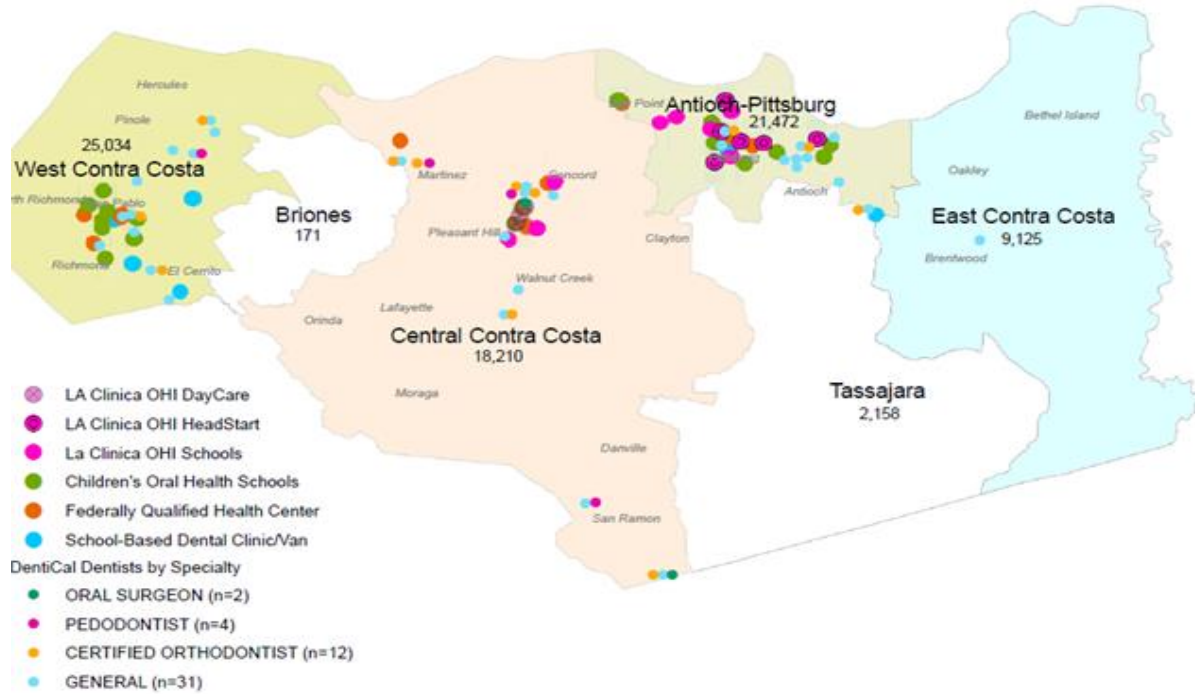


Figure 8: Number of Children and Adolescents Medi-Cal Eligible^{viii} Compared to # of Denti-Cal Service Providers

Utilization of Care by Priority Populations

Dental utilization data is also critical to the understanding of the County’s landscape. For oral health, utilization of care data includes annual and preventive dental visits. The annual dental visit refers to any dental procedure performed during the calendar year as referenced in Figure 9 below. 36.6 % of Medi-Cal eligible ages 0-20 years in 2016 had at least one dental visit during that year. A preventive dental visit refers to procedures performed which may help avoid future dental problems like dental decay. The statistics below reveal that only about a one-third of Medi-Cal dental eligible clients actually took advantage of receiving essential oral care. The reasons for this low utilization rate will need to be further explored as part of the community health improvement planning process. Possible reasons could include access issues around finding providers accepting new patients. A key informant reveals that a contributing factor may be the need for “explaining benefits to families in a clear, concise and culturally sensitive way.” While preventive dental utilization is lower than desired, urgent and emergency rates remain high. There were 763 emergency department visits

for non-traumatic dental conditions from children/youth age 0-19 in Contra Costa in 2014.^x

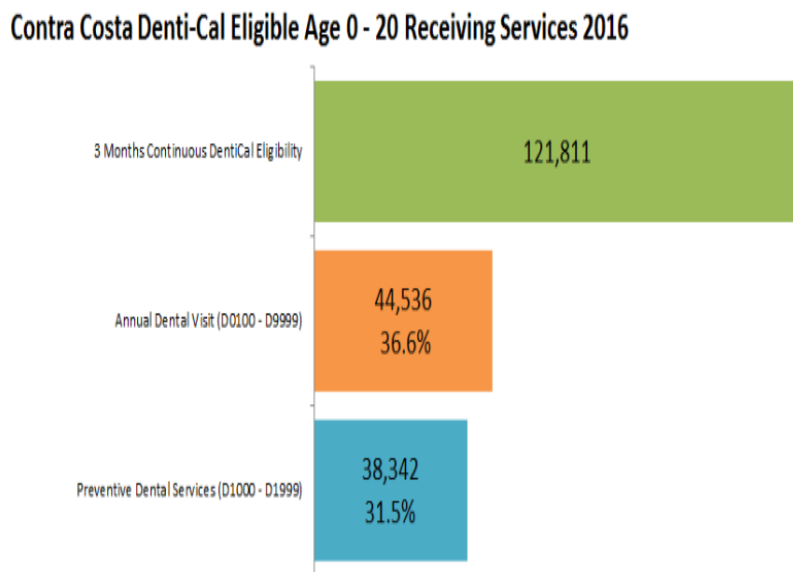


Figure 9: Contra Costa Denti-Cal Eligible Age 0-20 Receiving Services 2016^x

Initial investment in access and prevention can lead to exponential gains later. For example, reducing the number of costly emergency room visits associated with a preventable dental condition like caries, will lead to efficient use of dental resources. In addition, residents will experience less pain and complications associated with dental infections.

ORAL HEALTH DATA AND POLICY

Data is critical to evaluate when making decisions on how to allocate resources. A glaring area for improvement as highlighted during the OHLA and COHLA meetings was to systematize the collection of quality oral health information in order to establish baseline data. By doing so, our partners are able to fully understand the burden of disease within the County. Fortunately, during the advisory convening meetings, agencies were open to sharing their data. This enabled the Engine Team to augment the publicly available data in order to properly grasp a broader picture of our county's assets, services provided and oral health status.

However, there are several limitations of relying primarily on data sharing across organizations,

- It makes visible only those who are receiving services by participating organizations. Those who are not receiving services are not reflected in the data.

- Data sharing that does not include unique identifiers for patients makes it impossible to know the extent to which a participant may be receiving services from multiple programs. The result is that non-duplicated counts or rates are impossible to calculate.

Continuing to have organizations involved in the coordination and delivery of oral health services throughout the county meet and share data after the strategic planning process concludes would support quality data collection and move toward a more universal and comprehensive data system in the future.

Comprehensive data about the entire population would be of greatest use. While the publicly available data sets are often aimed at fulfilling this need, our review showed substantial gaps. The most valuable data would be that which allows unmet need to be matched with available resources. One of the most direct ways to measure unmet need would be to collect oral health status across the entire county population or a representative sample. Since our county has over a million residents, doing so would require a prohibitive amount of resources.

However, a more manageable task would be collecting oral health status at Kindergarten enrollment. The reliability of this data, however, is highest when it is comprehensive. When we looked at the Kindergarten Assessment data reported in Contra Costa County, the numbers were not as large as expected. We compared the assessment data to the Kindergarten enrollment numbers in the county and by district and found that there were gaps in the data and that these gaps were not equally distributed across districts.

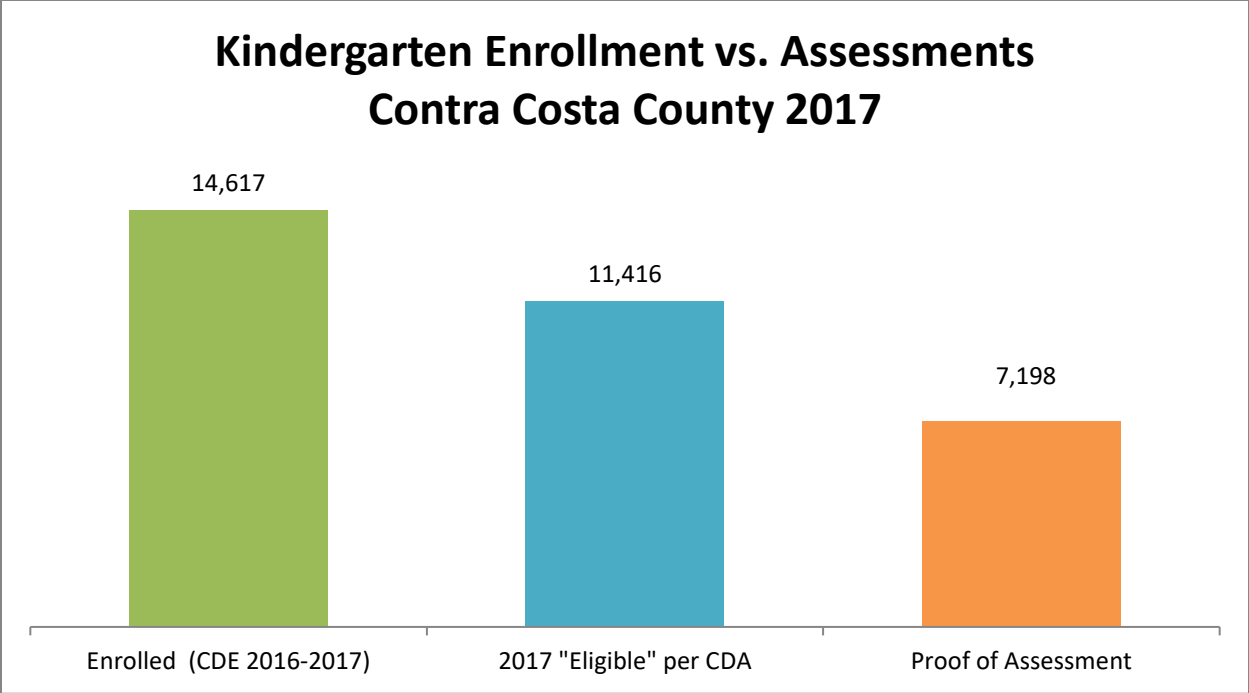


Figure 10: Kindergarten Enrollment^{xi} vs. Assessments^{xii} in Contra Costa County 2017

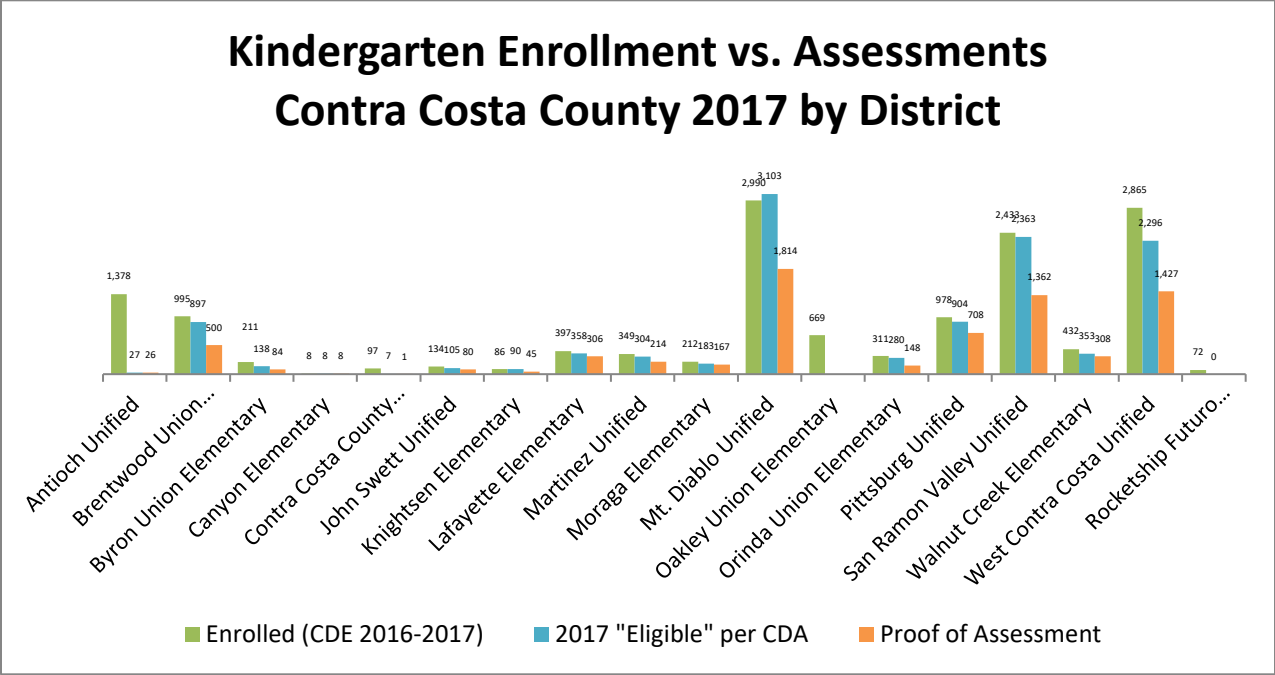


Figure 11: Kindergarten Enrollment^{xi} vs. Assessments^{xii}, Contra Costa County 2017 by District

Working with school districts and individual schools to increase the percentage of Kindergarten students who are asked for an assessment and receive one would be an important way to support the systematic collection of comprehensive data in the county.

Because many of the efforts to address unmet oral health needs in the county rely on billable services to low income populations, Medi-Cal dental usage data was a good source for understanding services received by this population. This data showed only 37% of those aged 0-20 with at least 3 months of coverage actually received any dental service in 2016.^x A smaller percentage received other specific but important dental services (see below) though some partners expressed concerned that the type of service received may not precisely match the categories reported because of variations in billing practices. This could be an area to improve data collection.

Other partners expressed concerns that this is an underestimate of unmet need since those with low income but whose income is nevertheless above Medi-Cal dental eligibility limits may not be able to afford full cost dental work or insurance and may represent a population with even greater unmet need. Comprehensive data collection for this population would require a new integrated data system.

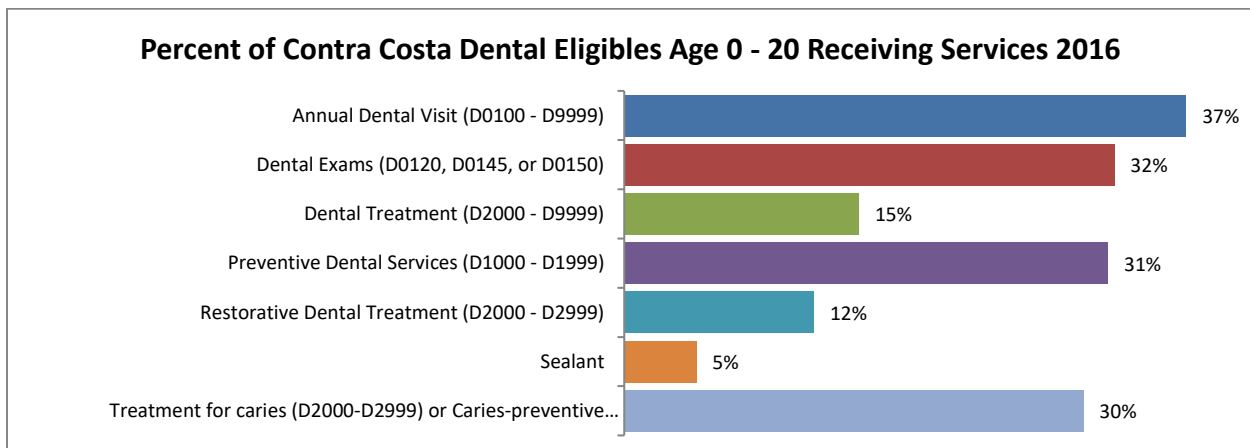


Figure 12: Percent of Contra Costa Dental Eligibles Age 0-20 Receiving Services 2016^x

The ability to look at the Medi-Cal dental usage data by age group allowed us to see that there was room for improvement across all of the age groups of our target population and that those outside the ages regularly enrolled in K-6 schools were less likely to have a visit. This suggests that school-based programs in Contra Costa have the potential to positively affect this age group, however, reaching very young children or independent teens and young adults still remains a challenge. Both stages are important for instilling good oral health practices. We were unable to parse the Medi-Cal dental usage data by pregnancy status. Being able to do so would allow us greater visibility to a population of special interest.

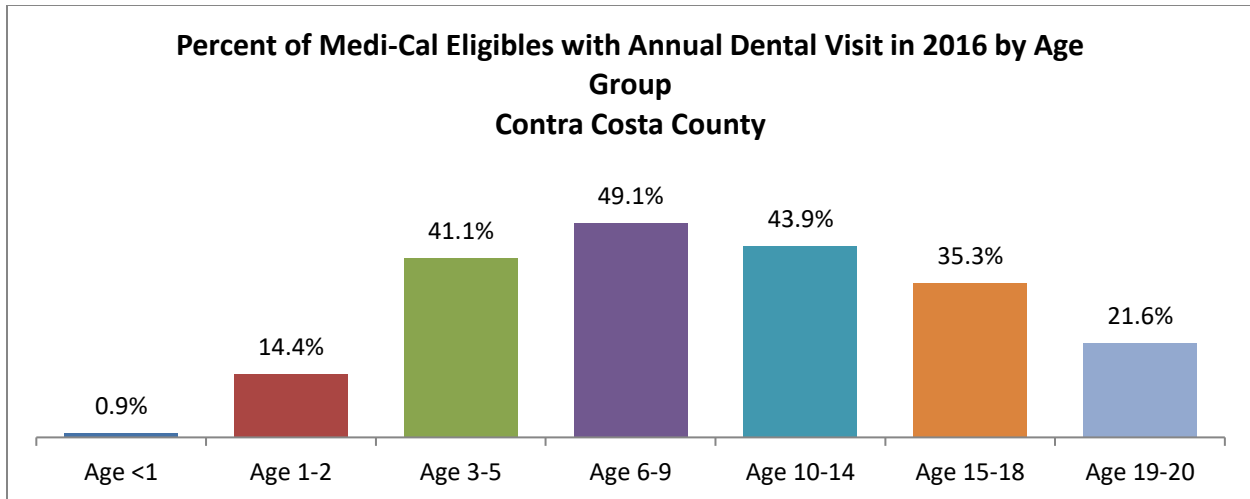


Figure 13: Percent of Medi-Cal Eligibles with Annual Visit in 2016^{ix}

ORAL HEALTH COMMUNICATIONS

Themes from key informant interviews

- Campaigns that educate the public came up in key informant interviews such as First 5's "Sugar Bites" campaign and WIC's "Water" campaign. Both campaign messages targeted non-oral health issues, however, both campaigns created a meaningful impact on educating the public on choosing healthy beverages and water, which impacts oral health.
- Barriers to communication were brought up as interviewees were adamant about messaging in different languages to get information out to the public.

"There are cultural and language barriers. We're supposed to get access to an interpreter through Medi-Cal Dental, but it's not always available."
- Key informant

As the workgroups started to convene, a common theme emerged related to oral health communication: the need for consistent oral health messaging. The need around oral health communication could be summarized as listed below:

- Integration of oral health education at all levels: individual, community and policy. Examples mentioned by community partners included educating parents, legal guardians, and caregivers, school staff, and other professional staff who work with families.
- Dissemination of consistent oral health messaging: Examples included when to see a dentist, tooth decay and communicability of oral health bacteria and the importance of a healthy smile.
- Oral health messaging that was culturally and linguistically inclusive.

- Consistent platform for obtaining oral health materials for community members and partners who worked with those communities.

Simultaneous to the Contra Costa needs assessment process, the *Smile California campaign* went live and representatives from the Medi-Cal Outreach team actively participated in one of the Contra Costa oral health workgroups. Using this upstream approach of involving one of the key partners helped to align the communications priority with the existing efforts at the State level.

EARLY ORAL HEALTH PREVENTION AND TREATMENT

Data

- In 2017 there were 34,003 children enrolled in nursery, preschool, and kindergarten in Contra Costa County.^{xxii}
- In 2016 there were 35,051 children ages 0-5 that were Medi-Cal dental eligible in the County.^{ix}
- 18% of 7,198 kindergarteners who submitted oral assessment forms have untreated decay.^{xii}

Themes from key informant interviews

- Key informant participants stated that although child and adolescent oral health education is necessary, it is more important to educate parents, caregivers, and legal guardians.
- Parents, caregivers, and legal guardians are responsible for ensuring that children and adolescents practice an effective oral hygiene routine.
- The engagement and collaboration of parents with community partners to disseminate the importance of oral health as part of overall health is vital.

"Parents often have the misinformed belief that oral health isn't important because their children's teeth 'aren't permanent' or 'they're just going to lose their teeth anyway.' A lot of problems and bad habits start when children are little."

- Key informant

Investing in early prevention and treatment is a critical strategy that can have a monumental impact in the lives of our county's youth and children. Early interventions can avoid unneeded psychological and physical complications associated with caries. Pain, fear, nutritional deficiencies and absences from school can all be reduced by empowering children and those around them, with knowledge.

Contra Costa County providers recognize the importance of early oral care and begin to emphasize it as early as during prenatal stages. In fact, in 2012 **49.0%** of Contra Costa women surveyed with a live birth reported having a dental visit during pregnancy

compared to **42.1%** in California as a whole. ^{xiii} An expectant mother's oral health condition influences her future child's health as well.

Over the last few years, medical providers and community partners have been critical components to initiate conversations with caregivers around the importance of early dental interventions. For example, during appropriate well child visits at Contra Costa Health Services, evidence-based measures such as placing fluoride varnish and referring to a dental provider are wrapped into the visit protocol. However, additional efforts to improve utilization rates for children under two throughout our county must be made (see table below). It is vital that caregivers of young children understand the importance of taking simple, preventive steps such as improving nutritional choices and instilling good oral hygiene habits, in order to reduce the incidence of future caries.

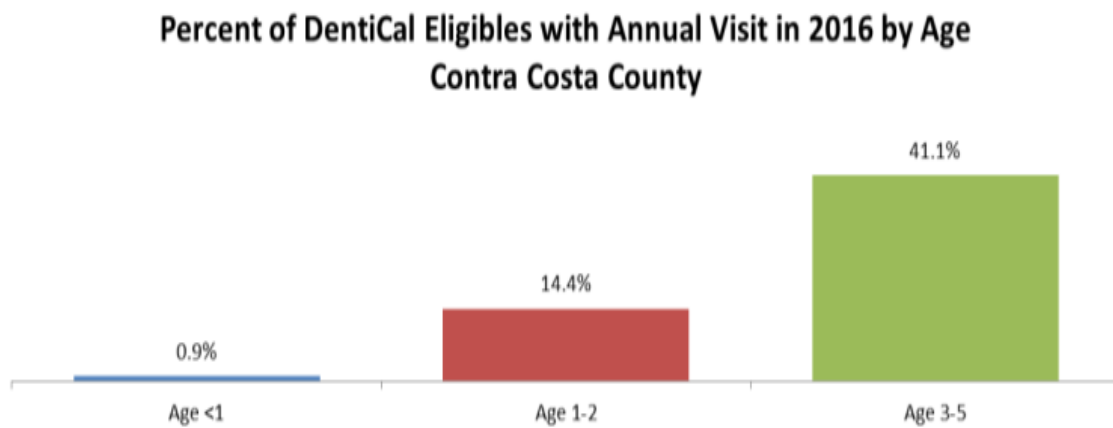


Figure 14: Percent of Denti-Cal Eligibles with Annual Visit in 2016 by Age^{ix}

That is why community partners such as the ones highlighted below are collaborating to perform dental screenings, education and dental services in early childcare centers. One interviewee remarked, "A lot of kids spend more time in child care than with their parents, so the child care element is critical."

Selected Oral Health Services at Day Care and Head Start Sites with Medicaid Eligible by Census County Divisions

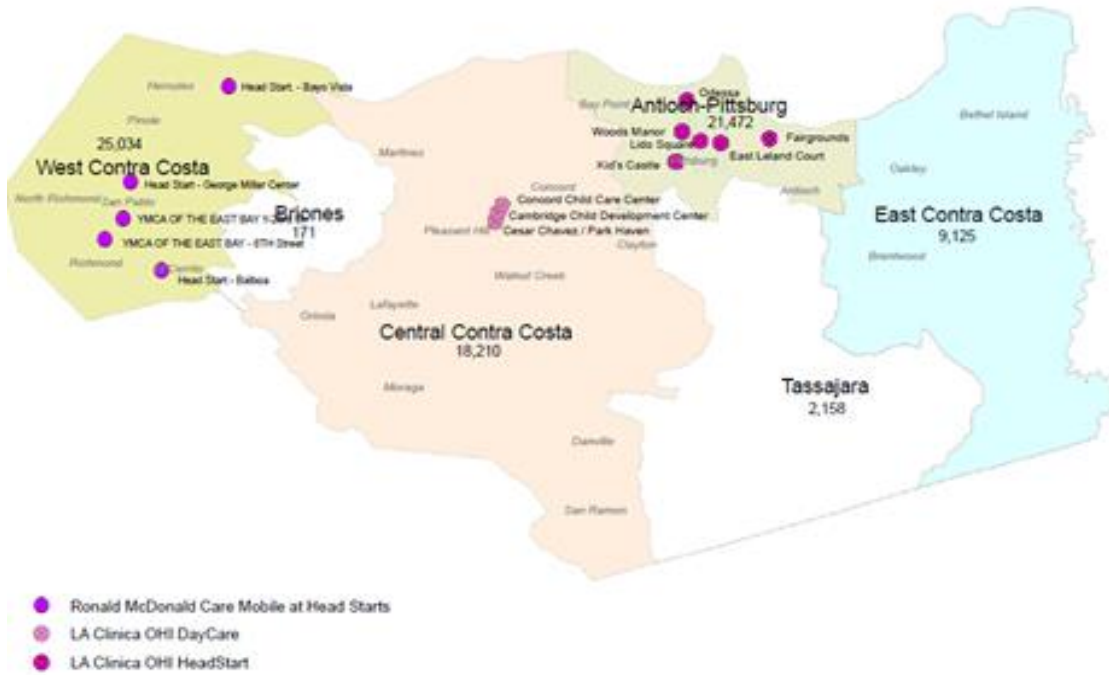


Figure 15: Selected Oral Health Services at Day Care and Head Start Sites with Medicaid Eligible^{viii}

Once children enter kindergarten, we found that nearly 18% of those who handed in their oral assessment forms, were found to have untreated decay.^{xii} Since the Kindergarten assessment form is not mandatory for school enrollment at this time, this number may change with better data collection methods.

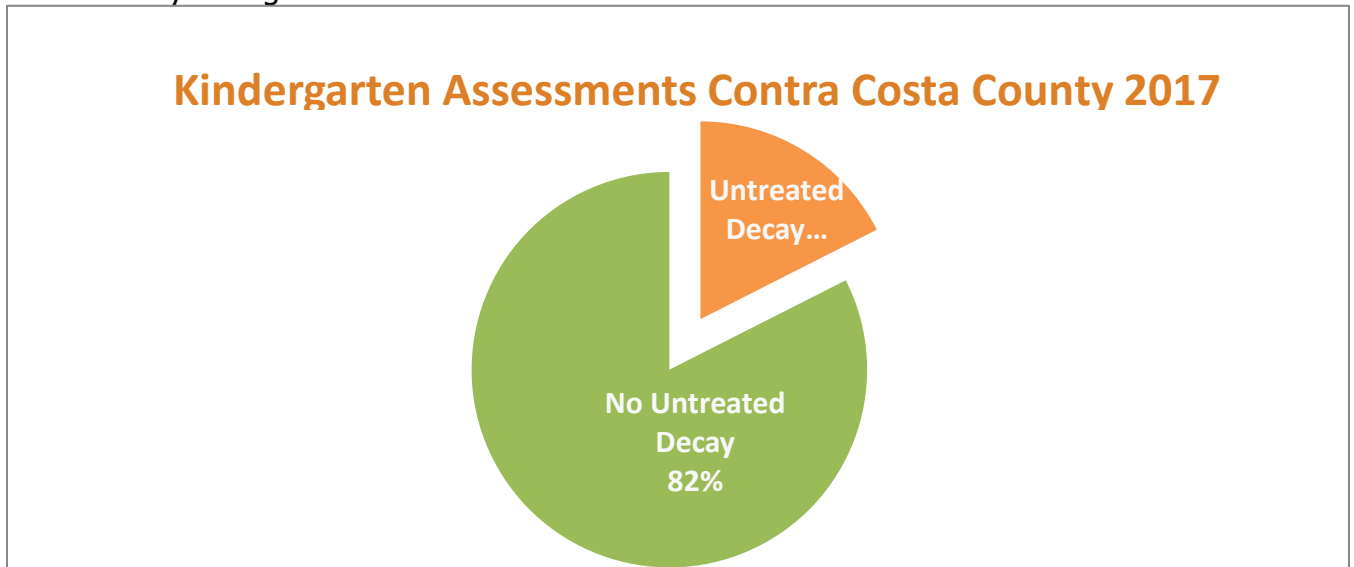


Figure 16: Kindergarten Assessments Contra Costa County 2017^{xi}

In fact, Contra Costa County’s Children’s Oral Health Program which has been providing oral screenings, education and sealants for decades in high needs schools, reports 59% had dental caries experience and 24% had untreated caries in the 2017-18 school year.

iv

The bar graph below delineates the percentage of kindergarteners who turned in a Kindergarten Oral Health Assessment that reported untreated decay for the 2017-2018 academic school year^{xiii} and demonstrates areas for improvement.

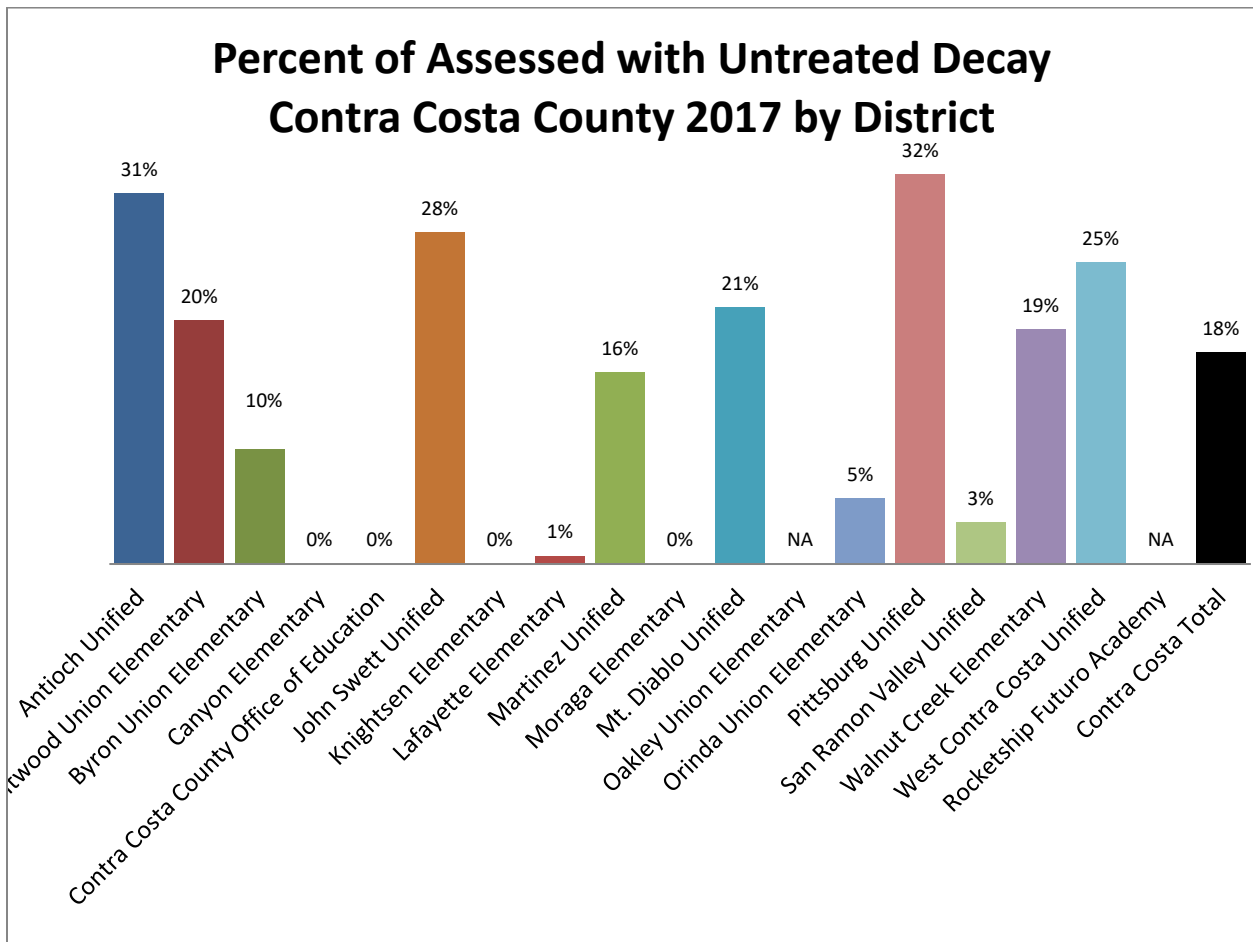


Figure 17: Percent of Assessed Kindergarteners with Untreated Decay Contra Costa County 2017 by District^{xiii}

CARE COORDINATION

Data

- In 2017, there were 287,446 children/youth age 0-19 in Contra Costa County.^{xiv}
- 24% of children assessed in grades K-6th during the 2017-2018 school year by the Contra Costa County Children’s Oral Health Program had untreated decay.^{iv}

- La Clinica Oral Health Initiative (OHI) reports of the 1700 children educated around oral health, 433 were screened and then linked to La Clinica Dental Clinics which then became their dental home. ^v

Themes from key informant interviews

- Importance of being able to identify providers that accept Medi-Cal dental and those who are currently accepting new patients.
- The need for the Medi-Cal dental website to be updated more frequently so providers can give out accurate information to patients.
- Those who do accept Medi-Cal dental report that they are sometimes denied service reimbursements since the service was already rendered within the allotted time frame perhaps by another provider. This happens despite the office taking out the time to look up patient eligibility information prior to the visit. Providers have reported being frustrated as they lose revenue needed to sustain the practice.

Care coordination synchronizes the delivery of an individual's health care from multiple service providers and specialist, regardless of whether it is a prevention or treatment program. The goals of coordinated care are to improve health outcomes and to ensure that care from disparate providers is not delivered in silos and to prevent costly health care costs that could have been prevented.

Throughout meetings early on, care coordination was quickly identified as a priority area. Based on system needs, the care coordination recommendations identified based on need were:

- Coordination of those services for children and adolescents who need anesthesia
- Sharing information across all oral health providers, since patients would sometimes be under the care of several dental providers in any given year, especially if the family moved or relocated
- A coordinated oral health data base system similar to the immunization program – California Immunization Registry (CAIR)
- Coordination of appointments and ensuring families get a warm hand off about the importance of getting an oral health exam
- Development of additional integrated medical and dental models. CCHS, La Clinica and Lifelong agencies were identified as already implementing the integrated model, which promoted continuity of care.

The table below demonstrates that across all children and adolescents ranging from 0-20 years of age that were Medi-Cal eligible, less than 37% had an annual dental visit. At the highest peak, 49.1% of 6-9-year-olds had an annual visit and by high school only 35.3% of 15-18 year-olds went to the dentist. There was an even steeper decline between the ages of 19-20.^{ix}

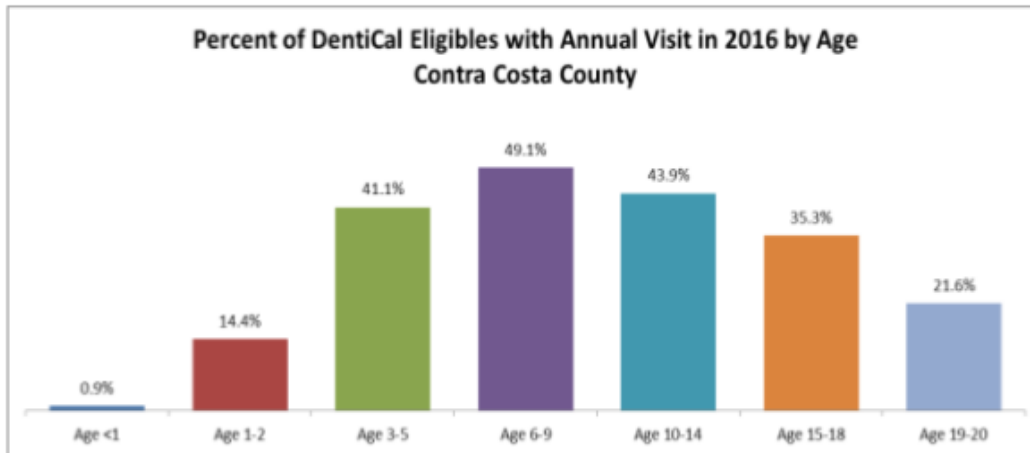


Figure 18: Percent of Denti-Cal Eligibles with Annual Visit in 2016 by Age^{ix}

This data supports the recommendations of community partners to ensure a system in which those who are eligible for dental benefits are encouraged to follow through with utilizing dental services.

ORAL HEALTH IN SCHOOLS

Data

- In Contra Costa County there were approximately 95,126 children and adolescents ages 0-18 that were Medi-Cal dental eligible in 2016, however, less than half had a preventive dental visit or a dental exam^{ix}.
- There are eighteen school districts in Contra Costa County. Seventeen of those districts have some children ages 0-18 covered by Medicaid and/or CHIP.
- Oral health partners are reaching early childhood, school-aged children, and adolescents in a variety of settings throughout the County and at partner service sites by way of on-site dental clinics, mobile oral health vans and in the classroom to provide education, assessment and in some cases fluoride varnish and sealants.
- Currently, there is limited oral health status data available for young adults ages 18-20 in Contra Costa.

Themes from key informant interviews:

- School sites came up as a good venue to engage and promote oral health practices to students and their parents/grandparents.
- It is believed that the earlier children get oral health education the better, as this will lead to positive oral health outcomes.

- Teaching oral health hygiene to parents and grandparents who can provide oversight of oral hygiene practices can help children and adolescents maintain optimal oral hygiene skills.
- Oral health treatment services for children and youth ages 0-18 are offered at various school sites and through mobile dental vans. Some dental vans do not provide the same services which causes confusion on who is providing what services?

Untreated oral disease is a formidable barrier to lifelong health and academic success.^{xxiii} Because oral disease is largely preventable – and costly when treatment is delayed - elementary and secondary school sites have become common denominators in community-based approaches to reach children and adolescents at risk for oral disease. Fortunately, as mentioned in previous sections, Contra Costa has several robust school-based oral health prevention and treatment programs, which lends itself as one of the promising school-based oral health models in California.

Amongst these school-based oral health programs include a framework of at least one of five components:

- Oral health education
- Oral health screening
- Oral health preventing care
- Care coordination and linkage to community school-based oral health care
- Oral health treatment in schools

Oral Health School-Based Safety Net in Contra Costa

The school-based oral health efforts in the County are outlined below. Antioch, Mt. Diablo, Pittsburg, and West Contra Costa Unified school districts are amongst some of the school partners who work with the various school-based dental programs.

- CCHS Children’s Oral Health Program (COHP) provides oral health education, screenings, application of fluoride varnish and sealants and referrals to community dental clinics. COHP is also a partner of the Ronald McDonald Care Mobile. See below for additional details.
- CCHS School-Based Dental Clinics are part of the FQHC that provides dental services to children, school-aged adolescent students through age 19 with mobile clinic health vans and through satellite health centers, located in 9 school campuses throughout Contra Costa County.
- La Clinica Oral Health Initiative is a FQHC that provides oral health education, screenings and treatment on school sites by using portable dental equipment to

deliver dental services. They are the only safety net clinic that provides sedation dental care. La Clinica is also a partner of the Ronald McDonald Care Mobile.

- Minor preventive/restorative work (hygiene, sealants, and fillings)
- Oral health education for students and parents
- Refer patients to dental health centers to establish a dental home
- Lifelong Medical Cares Dental Program is a FQHC who provides dental care for children and youth through age 19. Lifelong is also a partner of the Ronald McDonald Care Mobile. See below for additional details.

The Ronald McDonald Mobile Dental Clinic (RMDC) offers free dental services through the Dental Collaborative of Contra Costa, which includes Ronald McDonald House Charities, the County’s Children’s Oral Health Program, La Clínica de La Raza, Lifelong Community Health Center, and John Muir Health. Each partner has a critical role in the delivery of care. The diagram below illustrates the partnership.

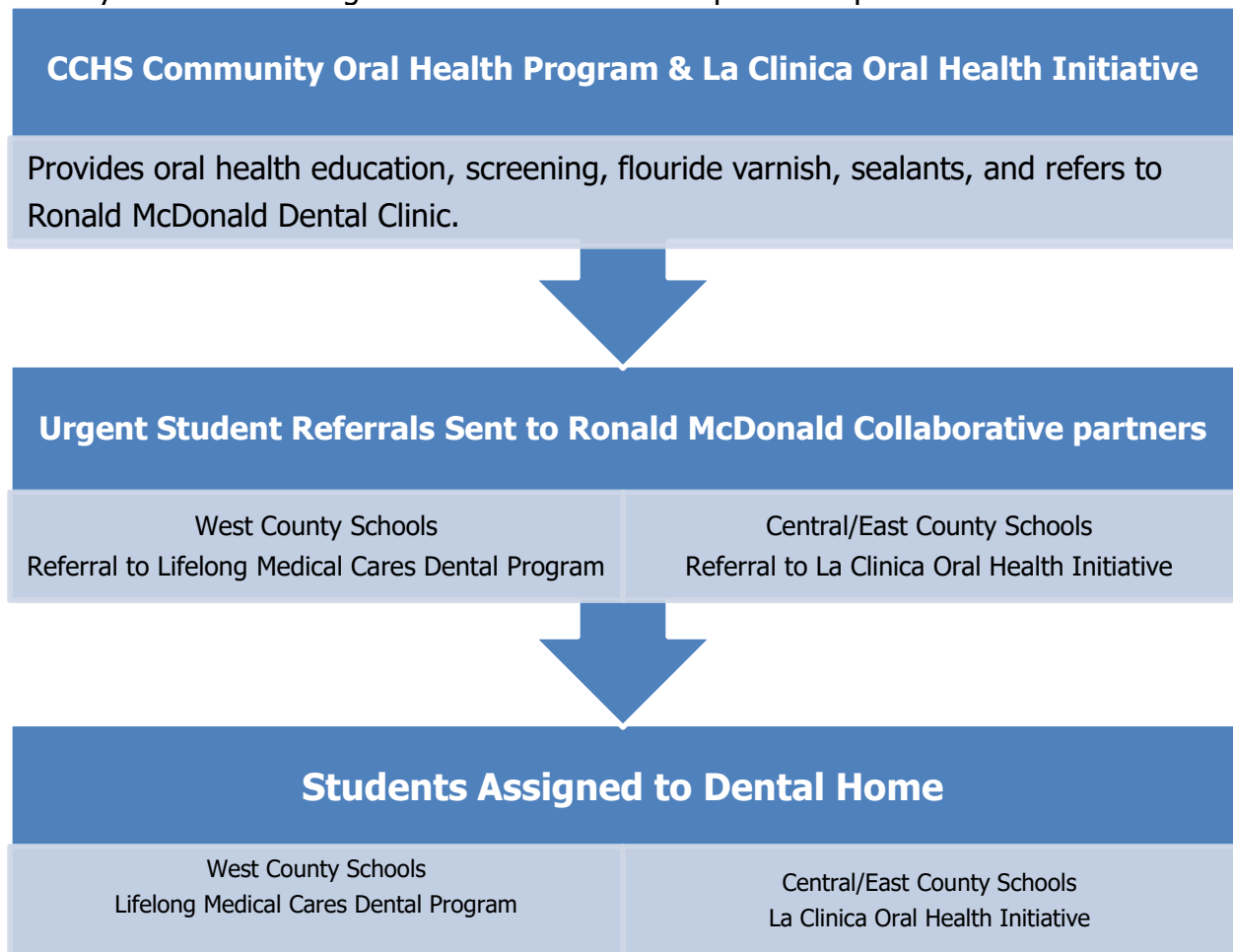


Figure 19: Ronald McDonald Mobile Dental Clinic Collaboration in Contra Costa County



Image 3: Ronald McDonald Mobile Dental Clinic

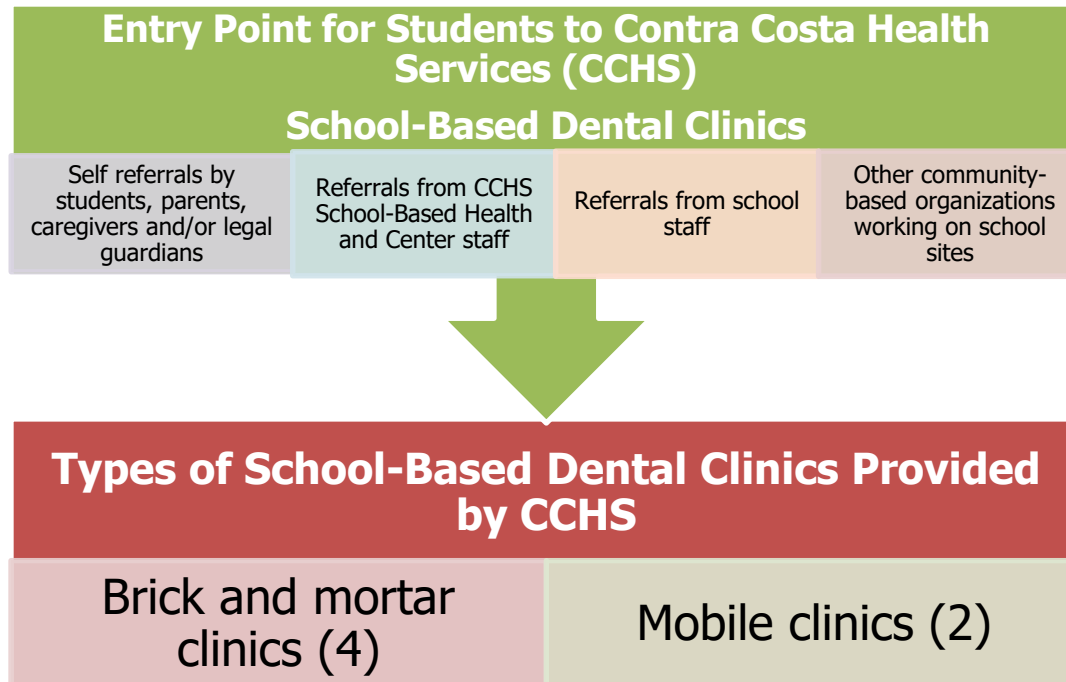
Of the 93,417 school-age elementary children enrolled in Contra Costa in 2017-18, the partnership successfully educated over 9,400 children, screened and applied fluoride to 4,303, sealed 644 and referred 900+ students to a dental home. ^{iv,v}



Another successful oral health collaboration is between Antioch, Mt. Diablo, Pittsburg, and West Contra Costa Unified school districts and the CCHS School-Based Dental Clinics. During the 2017-2018 school year, approximately 1300 dental visits were completed by the CCHS School-Based Dental program.^{xxiv} The diagram in Appendix E represents the school-based efforts currently happening in the schools.



Image 4: Contra Costa Health Services, Public Health, Clinic Services School-Based Dental Van



APPENDIX A: ASTDD WORKSHEET #3

WORKSHEET #3 – CORE: DEVELOPING THE NEEDS ASSESSMENT PLAN		METHODS FOR DATA COLLECTION												
CORE INFORMATION		MATRIX 1 DATA ITEMS/TYPES OF INFORMATION												
		A	B	C	D	E	F	G	H	I				
RATIONALE FOR COLLECTING INFORMATION		The lightly shaded boxes represent acceptable methods for data collection. Place an X in the text box for the method that you choose.												
1	DEMOGRAPHICS description of population (e.g., age, race, SES, school enrollment)		<input type="checkbox"/> 1B	<input type="checkbox"/> 1C										
2	ORAL HEALTH STATUS % of children with untreated decay	<input type="checkbox"/> 2A				<input type="checkbox"/> 2E					<input type="checkbox"/> 2H	<input type="checkbox"/> 2I		
3	% of children who have dental caries experience	<input type="checkbox"/> 3A				<input type="checkbox"/> 3E					<input type="checkbox"/> 3H	<input type="checkbox"/> 3I		
4	RISK REDUCTION % of people served by community water systems with optimally fluoridated water		<input type="checkbox"/> 4B											
5	% of children with sealant on 1+ permanent molar teeth	<input type="checkbox"/> 5A	<input type="checkbox"/> 5B		<input type="checkbox"/> 5D	<input type="checkbox"/> 5E					<input type="checkbox"/> 5H	<input type="checkbox"/> 5I		
6	SYSTEMS DEVELOPMENT / ACCESS # of dental providers in a state (by county or other division)		<input type="checkbox"/> 6B											
7	dentist participation in Medicaid program (number participating and level of participation)		<input type="checkbox"/> 7B								<input type="checkbox"/> 7H			
8	# (%) of children under age 19 years at or below 200% of FPL who receive preventive dental services		<input type="checkbox"/> 8B											
9	description of public resources for dental care (e.g., CMHCs, local health departments, dental school clinics)		<input type="checkbox"/> 9B			<input type="checkbox"/> 9E					<input type="checkbox"/> 9H			
10	% of children that have visited a dentist during the previous year		<input type="checkbox"/> 10B		<input type="checkbox"/> 10D						<input type="checkbox"/> 10H			
11	perceived oral health needs of consumers and their assessment of accessibility, acceptability and affordability of oral health care received.		<input type="checkbox"/> 11B					<input type="checkbox"/> 11F		<input type="checkbox"/> 11G	<input type="checkbox"/> 11H			

**APPENDIX B: CCHS – OHLA ORAL HEALTH ASSETS AND GAPS IDENTIFICATION GRID
(UNEDITED RESPONSES)**

CCHS Department and/or Program Names	CCHS Oral Health Assets And Activities	CCHS Oral Health Gaps and suggestions for improvements
California Children’s Services	<ul style="list-style-type: none"> ➤ Authorization of Medi-Cal for CCS related eligible conditions ➤ Case Management (Public Health Nurses) to coordinate services ➤ Summer Oral Health Training for Medical Therapy Program Therapists (Occupational Therapists) 	<ul style="list-style-type: none"> ➤ Anesthesia/sedation resources are very limited in and out of Contra Costa County <ul style="list-style-type: none"> • Other dental offices other than places than UCSF Dental, UOP Dental School ➤ Local specialists accepting Medi-Cal ➤ Care coordination for children and youth with special healthcare needs who also need get lab work, immunizations, and blood pressure for those kids who don’t do well awake.
Child Health and Disability Prevention Program (CHDP)	<ul style="list-style-type: none"> ➤ Dental care coordination ➤ Training, outreach, education, promotion of varnish application for providers and families ➤ Partnerships with schools, pre-schools, healthcare providers, dental providers, oral health agencies/groups ➤ Promote screening/preventative services and referral for “dental home” 	<ul style="list-style-type: none"> ➤ Track dental health referrals→ what system (automated) can be used to track children? <p><i>Additional Comments on Post-it Notes:</i></p> <ul style="list-style-type: none"> • Did they get services? • What are the partnerships?
Public Health Clinic Services - Dental Program	<ul style="list-style-type: none"> ➤ Four school-based health center clinics (West Contra Costa Unified School District) ➤ One clinic serving homeless individuals (Concord) ➤ Two mobile dental clinics serving schools and homeless serving agencies (West and East County) ➤ Existing referral process for patients to be seen in clinics and external specialty/partners and limited care coordination 	<ul style="list-style-type: none"> ➤ Increase sites served by mobile clinics ➤ Improve referral process from Community Oral Health Program to school-based clinics to Contra Costa Regional Medical Center ➤ Improve hand off for graduating students to dental home (AMB/external dentists)

	<ul style="list-style-type: none"> ➤ Internal referral process for patients to be seen PH dental clinics 	<ul style="list-style-type: none"> ➤ Improve resources/referrals for patients needing sedation ➤ Add more clinics ➤ Explore use of RDH/RDHAP in mobile clinics ➤ Serve WIC sites 1/month ➤ Create system to monitor treatment completion ➤ Track referral completion/increase care coordination ➤ Completion of Medi-Cal apps for Gateway patients ➤ Oral health outreach <p><i>Additional Comments on Post-it Notes:</i></p> <ul style="list-style-type: none"> • Coordinate with kindergarten registration
<p>Communicable Disease</p>	<ul style="list-style-type: none"> ➤ Prevent and control of communicable disease ➤ Partnership with schools (childcare/kindergarten/7th grade) around immunization/school/reporting/outreach ➤ AIDS Program ➤ Oral Health is Ryan White- funded service category→ contracts with dentists 	<ul style="list-style-type: none"> ➤ Case Manager (for HIV program provides dental) "CORE + CARE"→Make aware of dental resources and importance of prevention ➤ Tooth decay and communicable oral health/infections ➤ A lot of overlap with school oral health assessment ➤ Referrals to dental clinics ➤ How are we ensuring Contra Costa residents are accessing all services? ➤ Future partnership (adult oral health) ➤ Dentists willing to see patients with HIV/AIDS <p><i>Additional Comments on Post-it Notes:</i></p> <ul style="list-style-type: none"> • Dental vans at Public Health IZ Clinics
<p>Community Oral Health Program (COHP)</p>	<p>Two projects within COHP:</p> <p><i>Local Oral Health Plan:</i> Work with internal and external partners to create oral health strategic plan</p>	<ul style="list-style-type: none"> ➤ Data linkage to cclink ➤ Host dental clinics at WIC sites ➤ cclink charting so others can see, including FV application and sealants

	<p><i>Children's Oral Health: School-Based Dental Sealant Program</i></p> <p>Target Group: Children Pre-K to 6th grade</p> <ul style="list-style-type: none"> ➤ Screening ➤ In class education ➤ Fluoride varnish applications ➤ Sealants for 3-6 grade ➤ Refer urgent cases to RMCD or SBC ➤ Develop workforce capacity in collaboration with local dental schools <ul style="list-style-type: none"> • Loma Vista • DVC ➤ Share RDA staffing with Public Health Dental Clinics ➤ Train other programs about oral health <ul style="list-style-type: none"> • WIC • CCS • Public health nurses ➤ Update Medi-Cal dental list 	<ul style="list-style-type: none"> ➤ Increase referral process for students who need care. AMB care and PH dental clinics ➤ More schools, more staff ➤ Train the trainers (e.g. WIC) ➤ Parent programs (providers could refer parents) ➤ Make Medi-Cal dental list more available <p><i>Additional Comments on Post-it Notes:</i></p> <ul style="list-style-type: none"> • Utilize iSite • Data: Pull out dental procedures done • Have a consistent messaging across programs • Education resource link on iSite
<p>Community Wellness and Prevention</p>	<ul style="list-style-type: none"> ➤ Education on harmful impact on oral health via tobacco and tobacco related products on youth ➤ Champion Providers ➤ Rethink your campaign ➤ Survey schools on water vs sweetened sugar beverages ➤ Hydration stations 	<ul style="list-style-type: none"> ➤ Partner with tobacco program to be more intentional about oral health education ➤ Partner with nutrition, LEAD, SR2S, programs to promote oral health ➤ Leverage policy experience to support OH issues ➤ Educational materials on mapping
<p>Contra Costa Health Plan</p>	<ul style="list-style-type: none"> ➤ CCHP Contracts: <ul style="list-style-type: none"> • La Clinica • Lifelong • Dental Clinics ➤ Kaiser- Pays for children's transportation and for dental too ➤ CCHP pays transportation for all Medi-Cal M.H. and dentist visits ➤ CCHP trained Ped. Contracted offices to do fluoride varnish to kids 1-5 ➤ Member services keep list updated for Medi-Cal dental questions ➤ CHO- long waits for dental surgery 	<ul style="list-style-type: none"> ➤ Better Health Clearance for children needing anesthesia ➤ New dental clinic in Richmond- 2020 ➤ Sharing information across all dental providers ➤ Increase FV application and billing CCRMC+CPN <p><i>Additional Comments on Post-it Notes:</i></p> <ul style="list-style-type: none"> • HEDIS measure
<p>Epidemiology</p>	<ul style="list-style-type: none"> ➤ Responsible for Children's Oral Health Program database and reporting ➤ Data collection for community oral health strategic planning process 	<ul style="list-style-type: none"> ➤ Utilize existing data in cclink and explore how to improve data collection ➤ Share data across programs

	<ul style="list-style-type: none"> ➤ Participate in Community Oral Health Engine Team meetings 	<ul style="list-style-type: none"> ➤ Use data to identify those kids at highest risk and connect with services (define high risk) ➤ Creating universal data system regarding oral health ➤ Improve CCHP and CCHS billing coordination to see who is doing what
Family Maternal Child Health	<ul style="list-style-type: none"> ➤ Oral health education and pregnant women in home visiting programs ➤ Prenatal oral health kits, toothbrush for mom, sippy cup, and toothbrushes for infants and toddlers ➤ Referral to dental care for women and infants and children 	<ul style="list-style-type: none"> ➤ Oral health education at Healthy Start ➤ Data collection for number referred to dental services for kids ➤ How is oral health education for pregnant women being implemented and tracked through system? ➤ Knowledge of perinatal dental benefits ➤ Systems ➤ (Need) ccLink dental with demographic ➤ ccLink access for prevention programs ➤ Programs interfacing with other programs ➤ Streamlined funding ➤ Is there an oral health registry/database that other programs can access?
Financial Counseling and Finance	<ul style="list-style-type: none"> ➤ Centralized call center to field inquiries regarding health care coverage ➤ Application assistance: <ul style="list-style-type: none"> • Scheduled face-to-face appointments with a CHW or financial counselor 	<ul style="list-style-type: none"> ➤ RDH billing (Finance) ➤ Educating financial counselors to have face to face with community members ➤ Seek additional FQHC reimbursement for FV application (Finance) ➤ Have to repurpose current staff to work with (i.e. SBC clinic families) ➤ How do we motivate families to speak/reach out to financial counselor? ➤ Access for undocumented children and youth

		<ul style="list-style-type: none"> ➤ Periodicity issue (how often they be seen)
Health, Housing, and Homeless, Services	<ul style="list-style-type: none"> ➤ Youth continuum mobile: <ul style="list-style-type: none"> • Cali House • Appian/Pomona ➤ Project Homeless Connect (intermittent) ➤ Screening/completion of Medi-Cal applications for youth/young adults ➤ Respite Clinic (may serve 18-20-year olds) ➤ Brookside/Concord (may serve 18-20-year olds) 	<ul style="list-style-type: none"> ➤ Scale to full continuum of care <ul style="list-style-type: none"> • Partner CBO's ➤ Consistent OH education in shelters ➤ Connect to AOD services for youth <ul style="list-style-type: none"> • Outpatient • Residential ➤ Alcohol and other drugs
Public Health (Overall)	<ul style="list-style-type: none"> ➤ Roll over Prop 56 funding to be used for oral health ➤ Recognize oral health in our Department Strategic Plan ➤ PH Oral Health Collaborative ➤ Healthy and Active Before 5 - CWPP/WIC participating 	<ul style="list-style-type: none"> ➤ Continue collaborative efforts across programs in our system ➤ Home visiting (linkage) ➤ Continued oral health advisory ➤ Consider applying for any new/additional DTI
Regional Medical Center/ Ambulatory	<ul style="list-style-type: none"> ➤ NP- PCP Referral ➤ Fluoride Varnish at WCC, 1-5 years 85% ➤ Prenatal Patients <ul style="list-style-type: none"> • Perinatal timeframe ➤ Refer to dental services ➤ Frenotomies- Newborns ➤ ER care→ oral health care referral ➤ Educate importance of dental care at WCC 	<p>*CAIR for dental</p> <p>*Preschool/ Missing- Child Care Council?</p> <ul style="list-style-type: none"> ➤ Data warehouse ➤ Increase access to dental surgery services <p><i>Additional Comments on Post-it Notes:</i></p> <ul style="list-style-type: none"> • Adding services to JMMH and Stanford • Connect with dental schools • Anesthesia pre-op <ul style="list-style-type: none"> ➤ Increase partnership for dental residents and UCSF/ ➤ Connecting/coordinating kindergarten physical examination and dental evaluation ➤ RDHAPs in Pediatric clinics

		<ul style="list-style-type: none"> ➤ More dentists and RDA in dental clinics, increase clinic hours ➤ Use of RDH/RDHAP ➤ More dental space (Antioch) ➤ Need silver diamine fluoride ➤ Work with Promotoras/Navigator- Connie James ➤ WIC referral and knowledge of who is on WIC <p><i>Post-its:</i></p> <ul style="list-style-type: none"> • Understand new and existing patients • Knowing what oral health resources are reliable • Coordination of appointments • Connect with DVC Hygienist school
<p>WIC</p>	<ul style="list-style-type: none"> ➤ Focus on: <ul style="list-style-type: none"> • Mothers • Infants • Children • And their families ➤ Provide preventive education on dental care on individual or group setting ➤ Provide referrals ➤ Encourage families to have regular check-ups (oral health) during WIC enrollment and recertification appointments 	<ul style="list-style-type: none"> ➤ Dental mobile clinics at WIC sites ➤ Regular dental screening days at WIC sites ➤ Parent support groups (e.g. bottle use, sweet and sugar beverages, chocolate milk) run by COHP ➤ Fluoride varnish application at sites with coordination and ccLink documentation by WIC staff ➤ Promote WIC enrollment to provide preventive care education at WIC sites <p><i>Additional Comments on Post-it Notes:</i></p> <ul style="list-style-type: none"> • Utilize the passport from WIC for documentation • Oral health assessment for kindergartner entry

APPENDIX D: ORAL HEALTH KEY INFORMANT INTERVIEW QUESTIONS

Name of Interviewee(s):

1. _____ Agency/Business
Name _____
2. _____ Agency/Business
Name _____
3. _____ Agency/Business
Name _____

Are you ok with sharing your name(s) as a key informant interviewee? Yes/No

1. Can you give me a little bit of background on your:
 - a. Agency or business

 - b. Role(s)

2. Can describe how your agency is involved in oral health in regards to any of the identified strategies?
 - a. Oral Health Access

 - b. Oral Health Communication

 - c. Early Oral Health Prevention and Treatment

 - d. Oral Health in Schools

 - e. Oral Health Data

 - f. Care Coordination

 - g. Oral Health Policies/Advocacy

3. Do you accept Denti-Cal patients?
 - a. Yes
 - b. No

4. Are there any barriers to your business/agency accepting Denti-Cal patients?
 - a. What can be improved?

5. When you think of all of the oral health resources in the county, where do you see the gaps in the system or the barriers to improving the system?
 - a. Conversely, what do you see as the opportunities for improvement in that system in the County.

 - b. Are there particular programs that we need?

6. Is there a way to integrate oral health into existing services/programs?

7. When you think of those who have the biggest barriers to receiving oral health services or prevention resources, who are those individuals? Is there a particular population related to geography, age, ethnicity, income or something else that has the most challenges.

8. In your opinion, how can we reach those who have the biggest barriers?

9. Is there anything else we haven't discussed, anything you think it is important to consider as we plan to improve oral health in the County?

10. Do you have data that you can share that would help the oral health strategic planning process?

APPENDIX E – PLEASE NOTE THAT THE ORIGINAL INTENT OF THIS WORKING DOCUMENT WAS TO HIGHLIGHT THE SCHOOL-BASED ORAL HEALTH EFFORTS BY SCHOOL DISTRICTS. THERE ARE ALSO OTHER SITES LISTED, WHICH MAY NOT BE PART OF THE DISTRICT BUT INCLUDED SINCE THEY ARE IN THE REGION/AREA.

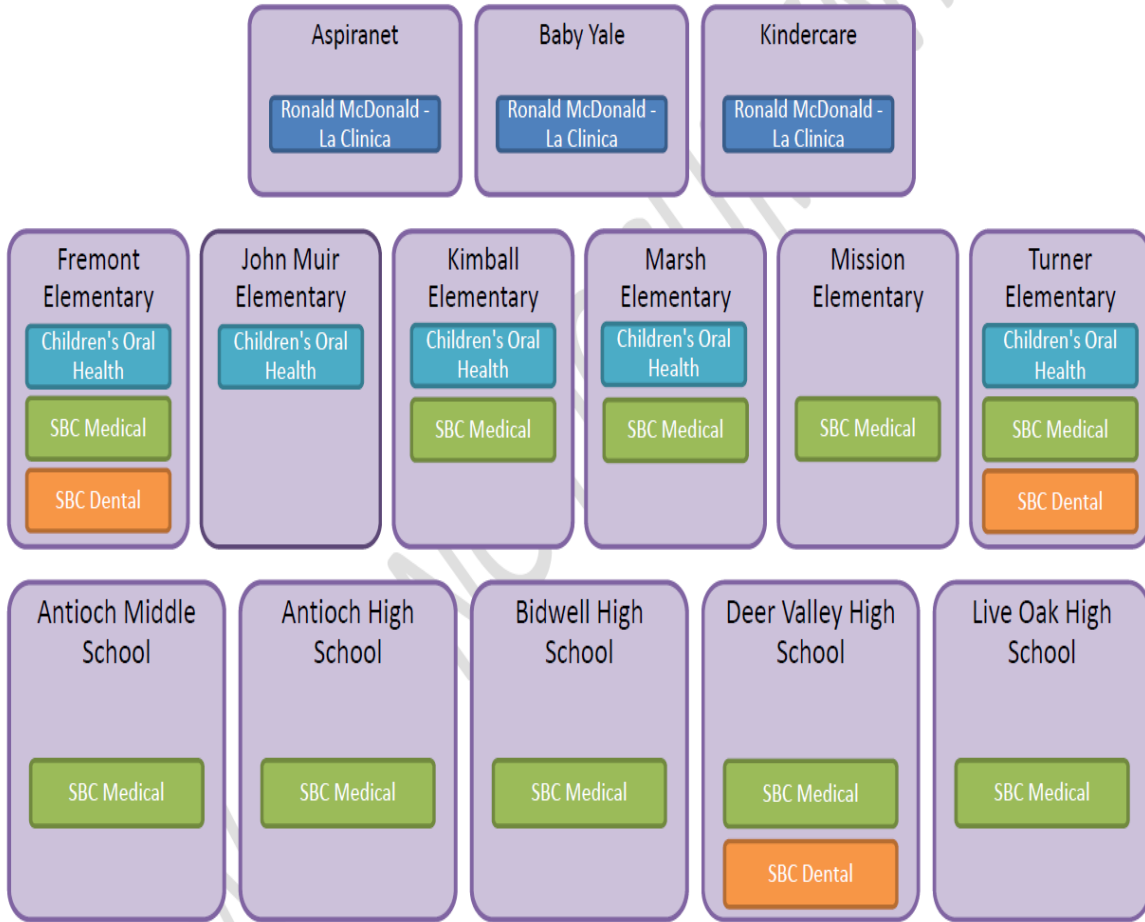
CCHS & Other Community Partners Who Provide Medical, Dental, and Behavioral Services at Early Childhood and School Sites in Contra Costa County

(This list is not an inclusive list of all services provided but those identified through the oral health agency collaborative efforts listed below)

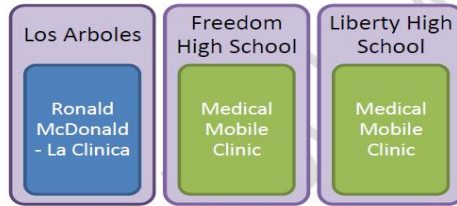
Legend



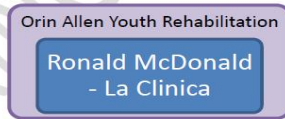
Antioch Unified School District



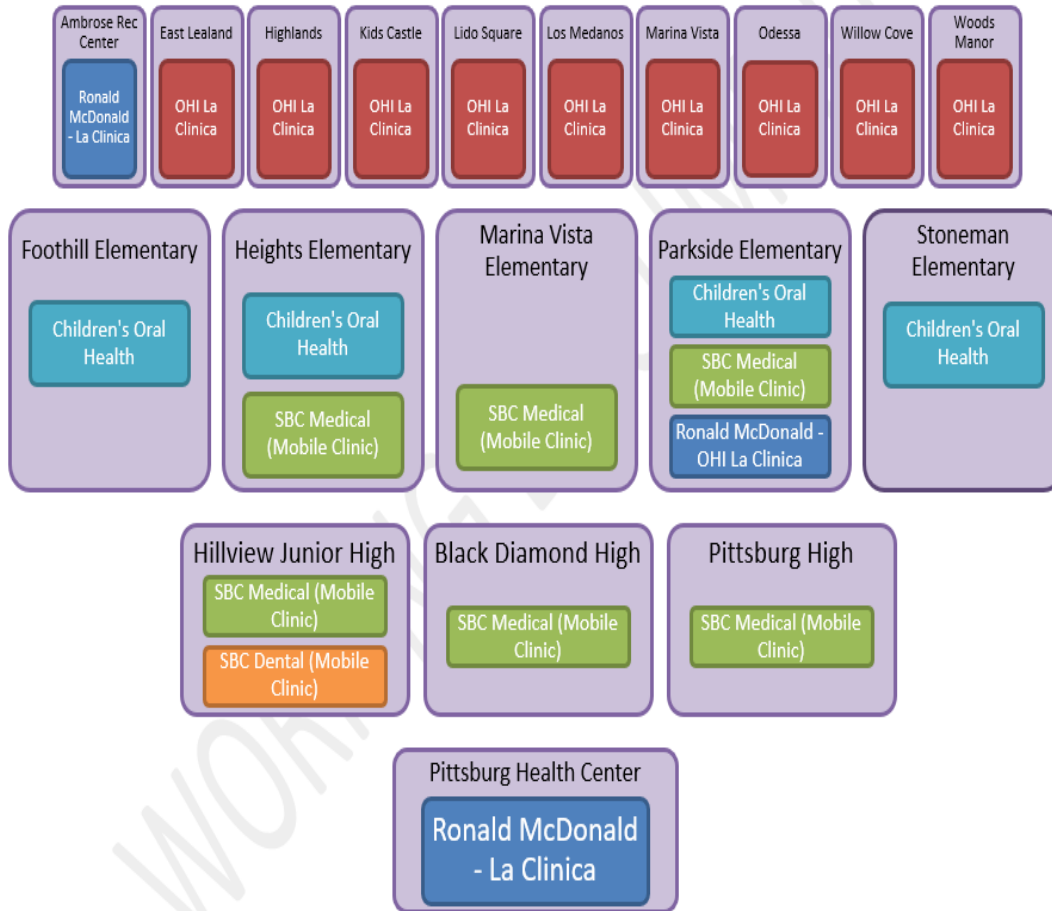
Oakley



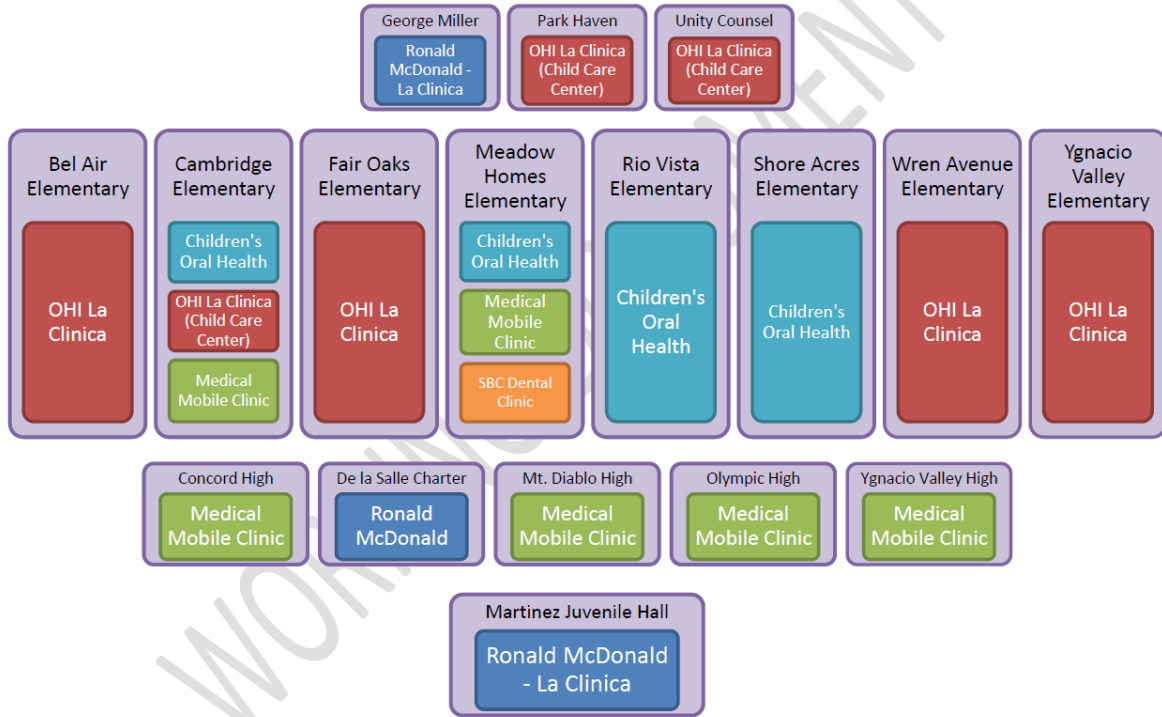
Byron



Pittsburg Unified School District



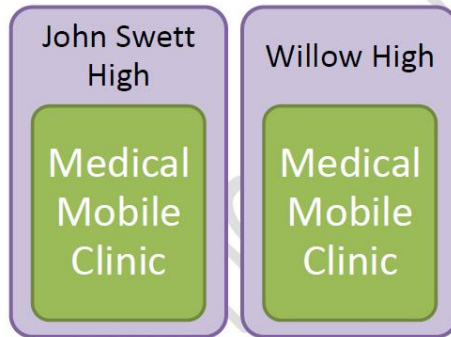
Mount Diablo Unified School District



La Clínica



John Swett Unified School District



West County Unified School District

First 5 - San Pablo	Head Start - Balboa	Head Start - Contra Costa College	Head Start - Crescent Park	Head Start - George Miller	Head Start - Las Deltas	Headstart - Rodeo	Head Start - Verde	Target	YMCA - 8th Street	YMCA - Giant Rd., Richmond	YMCA - Lake Ave. - Rodeo	YMCA - Lucas Ave., Richmond	YMCA - Richmond High School
Ronald McDonald - Lifelong Dental Clinic	Ronald McDonald - Lifelong Dental Clinic	Ronald McDonald - Lifelong Dental Clinic	Ronald McDonald - Lifelong Dental Clinic	Ronald McDonald - Lifelong Dental Clinic	Ronald McDonald - Lifelong Dental Clinic	Ronald McDonald - Lifelong Dental Clinic	Ronald McDonald - Lifelong Dental Clinic	Ronald McDonald - Lifelong Dental Clinic	Ronald McDonald - Lifelong Dental Clinic	Ronald McDonald - Lifelong Dental Clinic	Ronald McDonald - Lifelong Dental Clinic	Ronald McDonald - Lifelong Dental Clinic	Ronald McDonald - Lifelong Dental Clinic

Coronado Elementary	Dover Elementary	Grant Elementary	Downer Elementary	King Elementary	Lake Elementary	Nystrom Elementary	Peres Elementary	Riverside Elementary	Verde Elementary	Wilson Elementary
Children's Oral Health SBC Dental	Children's Oral Health	Children's Oral Health	Children's Oral Health	Children's Oral Health	Children's Oral Health	Children's Oral Health	SBC Dental Clinic	Children's Oral Health	Children's Oral Health	Children's Oral Health

Crespi Middle	DeJean Middle	Helms Middle	DeAnza High	El Cerrito High	Hercules High	Kennedy High	Pinole Valley High	Richmond High
SBC Medical (Mobile Clinic)	SBC Medical (Mobile Clinic) Behavioral Health (Mobile Clinic)	SBC Medical (Mobile Clinic) Behavioral Health (Mobile Clinic)	SBC Medical (Health Center) SBC Dental (Health Center)	SBC Medical (Health Center) SBC Dental (Health Center)	SBC Medical (Mobile Clinic)	Medical (Health Center Open to Community) SBC Dental (Health Center Open to Community)	SBC Medical (Mobile Clinic)	SBC Medical (Health Center) SBC Dental (Health Center)



APPENDIX F

Contra Costa Community Oral Health Partners

Engine Team

First Name	Last Name	Title	Organization
Erika	Oseguera	Lead Registered Dental Assistant, (COHP)	Contra Costa Health Services
Harleen	Sethi	Lead Dentist, Public Health Clinic Services	Contra Costa Health Services
Jena	Fiel-Williams	Community Oral Health Program Manager	Contra Costa Health Services
Lisa	Diemoz	Public Health Epidemiologist/Biostatistician	Contra Costa Health Services
Lorena	Martinez-Ochoa	Director Family, Maternal and Child Health Programs	Contra Costa Health Services
Lori	Allio	Director/Senior Associate	Hatchuel Tabernik & Associates
Maria	Cisneros	Registered Dental Assistant, (COHP)	Contra Costa Health Services
Maria	Padilla	Senior Health Education Specialist	Contra Costa Health Services
Sam	Fernandez	Administrative Assistant (COHP)	Contra Costa Health Services

Public Health Oral Health Collaborative

First Name	Last Name	Title	Organization
Chelsea	De Ocampo	Health Education Specialist	Contra Costa Health Services
Erika	Oseguera	Lead Registered Dental Assistant, (COHP)	Contra Costa Health Services
Harleen	Sethi	Lead Dentist, Public Health Clinic Services	Contra Costa Health Services

Jena	Fiel-Williams	Community Oral Health Program Manager	Contra Costa Health Services
Kristina	Kutter	Health Services Admin-Level C	Contra Costa Health Services - Public Health Clinic Services
Lisa	Diemoz	Public Health Epidemiologist/Biostatistician	Contra Costa Health Services
Lorena	Martinez-Ochoa	Director Family, Maternal and Child Health Programs	Contra Costa Health Services
Maria	Padilla	Senior Health Education Specialist	Contra Costa Health Services
Michelle	Rivero	CHDP Program Manager	Contra Costa Health Services
Olegario	Jauregui	Public Health Clinic Services, Dental Manager	Contra Costa Health Services
Rocio	Peralta	Lead Registered Dental Assistant	Contra Costa Health Services - Public Health Clinic Services
Sam	Fernandez	Administrative Assistant	Contra Costa Health Services

Oral Health Leadership Advisory (OHLA)

First Name	Last Name	Title	Organization
Alvin	Silva	Clinic Services Director	Contra Costa Health Services - Public Health Clinic Services
Cedrita	Claiborne	Program Director	Contra Costa Health Services - Community and Wellness Prevention
Dan	Peddycord	Director of Public Health Services	Contra Costa Health Services
Diane	Dooley	Pediatrician	Contra Costa Regional Medical Center
Erika	Jenssen	Assistant/Health Services Director	Contra Costa Health Services - Hospital & Health Services

Erika	Oseguera	Lead Registered Dental Assistant, (COHP)	Contra Costa Health Services
Francine	Jolton	Physician	Contra Costa Health Services - Hospital & Health Services
Harleen	Sethi	Lead Dentist, Public Health Clinic Services	Contra Costa Health Services
Jena	Fiel-Williams	Community Oral Health Program Manager	Contra Costa Health Services
Krista	Peterson	California Children's Services Program Administrator	Contra Costa Health Services
Kristin	Burnett	Public Health Program Specialist II	Contra Costa Health Services - Communicable Disease Programs
Kristina	Kutter	Health Services Admin-Level C	Contra Costa Health Services - Public Health Clinic Services
Lavonna	Martin	Director	Contra Costa Health Services - Health, Housing, And Homeless Services
Liliana	Padilla	RDA	Contra Costa Health Services
Lisa	Diemoz	Public Health Epidemiologist/Biostatistician	Contra Costa Health Services
Lorena	Martinez-Ochoa	Director Family, Maternal and Child Health Programs	Contra Costa Health Services
Lori	Allio	Director/Senior Associate	Hatchuel Tabernik & Associates
Michelle	Rivero	CHDP Program Manager	Contra Costa Health Services
Pamela	Peacock	Lead Registered Dental Assistant	Contra Costa Health Services - Hospital & Health Services
Patricia	Tanqueray	Chief Executive Officer	Contra Costa Health Plan
Raz	Moghbel	Program Director	Women Infant and Children (WIC)
Rusty	Keilch	MCAH Program Coordinator (FMCH)	Contra Costa Health Services
Sam	Fernandez	Administrative Assistant	Contra Costa Health Services
Shannan	Moulton	Ambulatory Care Admin/Financial Counseling	Contra Costa Health Services - Hospital & Health Services

Sue	Crosby	Director, Public Health Clinic Services	Contra Costa Health Services - Public Health Clinic Services
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Community Oral Health Leadership Advisory (COHLA)

First Name	Last Name	Organization
Adelaide	Nzeusseu	Mount Diablo Unified School District
Alejandra	Franco	La Clínica de La Raza
Ali	Uscilka	Healthy and Active Before 5
Ariane	Terlet	La Clínica de La Raza
Brenda	Fields	Contra Costa Health Services
Brian	Hathcoat	Private Practice/Just Health 510
Camila	Monroy	Contra Costa Health Services
Catherine	Stafford	Contra Costa Child Care Council
Cathy	Ziegler	Mt. Diablo Adult Education
Christina	Boothman	Contra Costa Health Services – Adolescent Family Life Program
Dan	Peddycord	Contra Costa Health Services
Debi	Marsee	Head Start
Denise	Milosevich	Contra Costa Health Services
Emily	Justice	Contra Costa County Office of Education
Erika	Oseguera	Contra Costa Health Services
Felicia	Stuckey-Smith	Mount Diablo Unified School District
Harleen	Sethi	Contra Costa Health Services
Janice	Fong	Mount Diablo Unified School District
Jena	Fiel-Williams	Contra Costa Health Services
Jennifer	Swaney	Delta Dental

Jenny	Lam	Lifelong
Jessica	Harper	Contra Costa Health Services
Johnalice	Waters	Contra Costa Health Services
Jorge	Flores	Contra Costa Health Services
Karina	Malone	Contra Costa Health Services
Kristin	Munk	Diablo Valley College
Liliana	Padilla	Contra Costa Health Services
Lillian	Roselin	John Muir Health
Lisa	Diemoz	Contra Costa Health Services
Lisa	Korb	First 5
Lorena	Martinez- Ochoa	Contra Costa Health Services
Lori	Allio	Hatchuel, Tabernik, & Associates
Maria	Padilla	Contra Costa Health Services
Maria Velia	Padilla	La Clínica de La Raza
Marina	O'Meany	La Clínica de La Raza
Marrisa	Santos	Contra Costa Health Services
May	Hayder	Contra Costa Dental Society Board Member, Pleasant Hill Children's Dentist
Murri	Banis	Contra Costa ARC
Nandi	Robinson	Hatchuel Tabernik & Associates
Nayala	Wright	Contra Costa Health Services
Neilish	Patel	Town Center Dental
Nicole	Novero	Contra Costa Health Services
Nisha	Gupta	Contra Costa Health Services

Pam	Powers	Diablo Valley College
Philip	Vargas	La Clínica de La Raza
Radhika	Agarwal	Healthy and Active Before 5
Rejois	Frazier-Myers	Pittsburg Unified School District
Rusty	Keilch	Contra Costa Health Services
Sean	Casey	First 5
Stephanie	Merrell	John Muir Health
Susanne	Polos	Contra Costa Health Services
Tashaka	Merriweather	West Contra Costa Unified School District
Tiffany	Chin	Contra Costa Health Services
Tora	Newcomer	Contra Costa Health Services

Oral Health Steering Committee

First Name	Last Name	Title	Organization
Ariane	Terlet	Dental Director	La Clínica de La Raza
Brian	Hathcoat	DDS	Private Practice/Just Health 510
Camila	Monroy	Health Education Specialist	Contra Costa Health Services
Chelsea	De Ocampo	Health Education Specialist	Contra Costa Health Services
Chris	Farnitano	Medical Director	Contra Costa Health Services - Hospital & Health Services
Darren	Gapultos	Full-Service Community School Coordinator	Pittsburg Unified School District
Denise	Milosevich	Sr Health Ed Specialist	Contra Costa Health Services
Diane	Dooley	Semi- Retired Pediatrician	Contra Costa Regional Medical Center

Erika	Jenssen	Asst/Health Svc Dir - Exempt	Contra Costa Health Services - Hospital & Health Services
Jenny	Lam	Dental Operations Manager	Lifelong
Kristina	Kutter	Health Services Admin-Level C	Contra Costa Health Services - Public Health Clinic Services
Laura	Boudreau	CCO	Ronald McDonald House – Care Mobile
Maria Velia	Padilla	Site Manager	La Clínica de La Raza
Marina	O'Meany	Site Manager	La Clínica de La Raza
Michelle	Rivero	CHDP Program Manager	Contra Costa Health Services
Nicole	Novero	Health Education Specialist	Contra Costa Health Services
Regina	Berny	Program Coordinator - Community Health Improvement	John Muir Health
Rejois	Frazier-Myers	Director of Student Services	Pittsburg Unified School District
Rusty	Keilch	MCAH Program Coordinator	Contra Costa Health Services
Sean	Casey	Executive Director	First 5
Stephanie	Merrell	Director Community Health Improvement	John Muir Health
Sue	Crosby	Director, Public Health Clinic Services	Contra Costa Health Services - Public Health Clinic Services
Taimy	Rosales	Clinic Manager	La Clinica de La Raza

Oral Health Access Workgroup

First Name	Last Name	Title	Organization
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Anabel	Valencia	Lead Assistant	La Clínica de La Raza
Debi	Marsee	Comprehensive Services Manager - Health Content Area	Head Start
Maria Velia	Padilla	Site Manager	La Clínica de La Raza
Raz	Moghbel	Program Director	WIC
Taimy	Rosales	Clinic Manager	La Clínica de La Raza

Oral Health Data and Policy Workgroup

First Name	Last Name	Title	Organization
Jennifer	Tong	Chief Medical Informatics Officer	Contra Costa Health Services
Linda	Pacheco	HS Systems Analyst II	Contra Costa Health Services – cclink EHR Team
Stephanie	Merrell	Director, Community Health Improvement	John Muir Health
Tracy	Brown	Information Technology	Contra Costa Health Services – cclink EHR Team

Oral Health Communications Workgroup

First Name	Last Name	Title	Organization
Jennifer	Swaney	Provider Representative	Delta Dental
Karl	Fischer	Community & Media Relations	Contra Costa Health Services
Marina	O'Meany	Site Manager	La Clínica de La Raza
Philip	Vargas	Dentist	La Clínica de La Raza

Oral Health Early Oral Health Prevention and Treatment Workgroup

First Name	Last Name	Title	Organization
Ali	Uscilka	Director	Healthy and Active Before 5
Debi	Marsee	Comprehensive Services Manager - Health Content Area	Head Start
Jennifer	LaRocque	Pediatric Dentist	Children's Dental Health Foundation
Lilliana	Gonzalez	Help Me Grow Coordinator	First 5
Raz	Moghbel	Program Director	WIC

Oral Health Care Coordination Workgroup

First Name	Last Name	Title	Organization
Debi	Marsee	Comprehensive Services Manager - Health Content Area	Head Start
Jessica	Harper	Public Health Nurse	Contra Costa Health Services - Community Connect Foster Care
Michelle	Rivero	CHDP Program Manager	Contra Costa Health Services
Taimy	Rosales	Clinic Manager	La Clínica de La Raza
Tiffany	Chin	Public Health Nurse	Contra Costa Health Services - Community Connect Foster Care

Oral Health in Schools Workgroup

First Name	Last Name	Title	Organization
Ana	Castro	Coordinator, Outreach & Community Engagement	Antioch Unified School District

Darren	Gapultos	Full-Service Community School Coordinator	Pittsburg Unified School District
Debi	Marsee	Comprehensive Services Manager - Health Content Area	Head Start
Janice	Fong	School Nurse Liaison Coordinator	Mount Diablo Unified School District
Kristina	Kutter	Health Services Admin-Level C	Contra Costa Health Services - Public Health Clinic Services
Rejois	Frazier-Myers	Director of Student Services	Pittsburg Unified School District
Taimy	Rosales	Clinic Manager	La Clínica de La Raza

Oral Health – Joint Steering and Workgroup

First Name	Last Name	Title	Organization
Adelaide	Nzeusseu	Social Worker	Mount Diablo Unified School District
Ali	Uscilka	Director	Healthy and Active Before 5
Barbara	Hooper	Executive Director	Contra Costa Dental Society
Cedrita	Claiborne	Program Director	Contra Costa Health Services - Community and Wellness Prevention
Chris	Farnitano	Medical Director	Contra Costa Health Services - Hospital & Health Services
Christina	Boothman	Adolescent Family Life Program and Quality Improvement Manager	Contra Costa Health Services
Dan	Peddycord	Director of Public Health Services	Contra Costa Health Services
Debi	Marsee	Comprehensive Services Manager - Health Content Area	Head Start

Denise	Milosevich	Manager	Contra Costa Health Services
Eleazar	Martinez	Community Social Director	YMCA of the East Bay
Francine	Jolton	Physician	Contra Costa Health Services - Hospital & Health Services
Janice	Fong	School Nurse Liaison Coordinator	Mount Diablo Unified School District
Jennifer	Swaney	Provider Representative	Delta Dental
Jennifer	Turner	Clinic Operations Manager	Brighter Beginnings Family Clinic
Jennifer	LaRocque	Pediatric Dentist	Children's Dental Health Foundation
Jenny	Lam	Dental Operations Manager	Lifelong
Jessica	Harper	Public Health Nurse	Contra Costa Health Services - Community Connect Foster Care
Karina	Malone	Health Education Specialist	Contra Costa Health Services
Krista	Peterson	California Children's Services Program Administrator	Contra Costa Health Services
Kristin	Burnett	Public Health Program Spec II	Contra Costa Health Services - Communicable Disease Programs
Kristina	Kutter	Health Services Admin-Level C	Contra Costa Health Services - Public Health Clinic Services
Maria Velia	Padilla	Site Manager	La Clínica de La Raza
Marina	O'Meany	Site Manager	La Clínica de La Raza
Mostafa	Barakzoy	Dental Director	Lifelong/Brookside
Ori	Tzvieli	Public Health Medical Director	Contra Costa Health Services

Pamela	Peacock	Lead Registered Dental Assistant	Contra Costa Health Services - Hospital & Health Services
Philip	Vargas	Dentist	La Clínica de La Raza
Rejois	Frazier-Myers	Director of Student Services	Pittsburg Unified School District
Shannan	Moulton	Ambulatory Care Admin/Financial Counseling	Contra Costa Health Services - Hospital & Health Services
Stephanie	Merrell	Director	John Muir Health
Stephen	Krank	Vincentian Service Manager	RotaCare Pittsburg SVDP Contra Costa
Tiffany	Chin	Public Health Nurse	Contra Costa Health Services - Community Connect Foster Care

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