ALAMEDA COUNTY

Oral Health Strategic Plan

2019-24

Office of Dental Health

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Message from the Alameda County Health Care Services Agency Director

Alameda County is a very special place. It is rich with cultural, ethnic and racial diversity. As Director of the Health Care Services Agency, I am committed to ensuring that all residents of Alameda County have access to high quality healthcare—including oral healthcare.

Unfortunately, multiple barriers to oral health persist. The efforts of the Public Health Department and dedicated community partners are evident in this five-year Oral Health Strategic Plan, which addresses these barriers, increasing access to care and decreasing oral health disparities.

The successes of the last plan continue in this new plan which emphasizes collaboration with community partners to reach more people and draw on diverse areas of expertise. The plan promotes the integration of oral health care into medical visits and includes trainings for medical and dental providers. This ensures providers work together to spread the message that both dental and medical care are essential for whole person health. Prenatal health care providers are trained to encourage patients that it is not only safe but critical to the health of the baby, to see the dentist while pregnant. Working with external and internal partners, such as WIC, the county provides screenings and preventive services and prenatal and family oral health education. Community health outreach workers ensure children are connected to a dentist by age one.

The expansion of school-based programs allows for the delivery of preventive and comprehensive care to the children of Alameda County. This provides a safety net, whereby families who need a dentist are directly connected to care. Instituting county-wide kindergarten and third grade dental screenings will provide critical baseline data to determine the nature and extent of dental disease in Alameda County and identify where disparities persist. Programs will be designed to serve all residents and especially those with the greatest oral health needs.

Congratulations and thank you to our community collaborators for your vision in developing this plan. I am sure this same dedication will drive successful implementation ensuring that all residents receive appropriate, high quality oral health care.

Colleen Chawla
Director, Health Care Services Agency

Message from the Public Health Department Director

Congratulations on the completion of the Alameda County Oral Health Strategic Plan 2019–2024. I appreciate this collaborative and interdisciplinary effort to promote the health and well-being of Alameda County residents. Oral health is recognized as essential to overall health and is therefore a basic human right. The plan is consistent with the Department's vision to use a health equity lens to address oral health disparities within our communities and go upstream to inform policies that reduce these inequities. Addressing the needs of priority populations in underserved communities is essential.

Alameda County has made great strides in increasing access to care and decreasing barriers to care for 0 to 20-year-old residents through the Local Dental Pilot Project, Healthy Teeth Healthy Communities. Through grassroots efforts Community Dental Care Coordinators help families overcome barriers to accessing dental care. Providers are supported in their efforts to serve patients with Medi-Cal, building a Community of Practice and enabling residents to receive care close to home. These groundbreaking efforts provide a template to guide future programs. I am delighted that this Strategic Plan includes other priority populations: older adults, pregnant women and teens, people who are homeless, individuals with disabilities and impacted racial and ethnic groups.

Accountability and transparency are core values for our Department, and I am pleased to see that this Strategic Plan also focuses on surveillance and evaluation. While evidence suggests that oral health disparities persist, and that oral disease is at unacceptable levels in Alameda County, it is essential to collect data and critically analyze our efforts to address these inequities. This also ensures that resources are allocated appropriately and decisions pertaining to oral health policy are evidence-based.

This is an exciting time for oral health. The Strategic Plan seeks to address the needs of priority populations in underserved communities. I support the vision and dedication of community partners and collaborators and feel confident that we are moving closer to oral health equity for all residents of Alameda County.

Kimi Watkins-Tartt
Director, Public Health Department

EXECUTIVE SUMMARY

Background

Oral health is essential to overall health and well-being. It affects people of all ages, influencing an infant's ability to thrive, children's achievement in school, and adult employment. Throughout the life course, oral health infections are associated with poor health outcomes, including cardiovascular disease, preterm, low-birth rate babies, and stroke. Oral health infections are entirely preventable, and education and services must be incorporated into the continuum of care.

Since implementing its first Strategic Plan in 2011, Alameda County had seen increased resources, services and education-particularly for underserved communities. Oral health prevention services are now offered at 98 schools, four Women, Infant and Children (WIC) sites, and Head Starts in seven cities. In 2017, the state's Dental Pilot Project grant award leveraged opportunities for county-wide collaborative work with Federally Qualified Health Centers (FQHCs), community health centers and Community Based Organizations (CBOs). Locally this project is named Healthy Teeth, Healthy Communities (HTHC) Project. HTHC has hired and trained 27 Community Dental Care Coordinators (CDCCs) who offer outreach and referral throughout the county and it has established a network for local providers called a Community of Practice. The number of dental providers accepting patients with Medi-Cal has more than doubled. Sugar-sweetened beverage taxes were passed in Albany, Berkeley and Oakland. The progress has been stunning.

Despite these advances, many Medi-Cal recipients still do not receive regular oral health screenings and preventive care. Marginalized residents, including homeless people, foster care youth, people with disabilities and older adult populations face even greater obstacles to accessing oral health services. This Strategic Plan is a blueprint to expand and strengthen current efforts while continuing to develop innovative new approaches to address identified barriers to oral health for all residents. It also aligns with the California Oral Health Plan 2018-2028.

Key Findings from the Needs Assessment

ORAL HEALTH GAPS PERSIST

While local data is limited, it does illuminate the continuation of inadequate screening and treatment within specific populations. Select data points illustrate the continuing oral health disparities based on income level, education and race/ethnicity that persist throughout the life span and increase with age:

- Less than half of the Medi-Cal eligible children ages 6 to 20 in Alameda County had a dental visit during the past year (2016 data).
- Asian and Black/African Americans age 0 to 5 in selected WIC programs have a higher prevalence of untreated tooth decay compared to their counterparts.
- Black/African American and Hispanic/Latino adults ages 20 to 64 have a higher rate of losing permanent teeth compared to white individuals.
- Less than half of pregnant women in the Medi-Cal program utilize dental services. Latinas, Blacks/African-Americans and those with lower educational attainment are less likely to use dental services during pregnancy than their counterparts.
- One third of adults 65+ have lost six or more permanent teeth; nearly 9% have lost them all.
- Older adults with less than a high school education have higher rates of complete tooth loss compared to those with some college.
- Older adults with lower socioeconomic status are twice as likely to experience periodontal disease and tooth decay.

This Strategic Plan aims to improve oral health for all Alameda County residents, with a primary focus on those experiencing the most significant oral health disparities:

- Children 0 to 20 years old, including foster and transition-aged youth
- Pregnant teens and women
- Older adults, aged 64 years and older
- Homeless children and families
- Special health care needs populations, including Children and Youth with Special Health Care Needs (C/YSHCN) and individuals with Intellectual and Developmental Disabilities (IDDs)
- Impacted racial and ethnic groups

Focus Areas for Intervention

Six focus areas were prioritized as critical to address for Alameda County to achieve its vision for oral health equity for all residents throughout the life course:

1. ACCESS

✔**GOAL:** Oral health services and education programs are readily available and utilized at locations frequented by priority populations, including WIC sites, Head Start, First 5 of Alameda County, schools, senior centers, older adult living residences, FQHCs, CBOs, Community Health Centers and similar locations.

2. COMMUNICATION AND EDUCATION

✔**GOAL:** Alameda County residents understand the importance of oral health and know how to establish and maintain good oral health as part of overall health.

3. ORAL HEALTH WORKFORCE DEVELOPMENT

✔**GOAL:** The County's oral health workforce is culturally and linguistically competent and has the capacity to better serve priority populations.

4. INTEGRATION OF ORAL HEALTH AND MEDICAL CARE

✔**GOAL:** Oral health assessment and preventive and referral services are provided to all priority populations at their medical visits.

5. POLICY AND SUSTAINABILITY

✔**GOAL:** Policies are advanced that address the Strategic Plan goals and promote sustainability of efforts.

6. SURVEILLANCE AND EVALUATION

✔**GOAL:** Critical baseline data is collected and a mechanism to evaluate progress of the Strategic Plan objectives is established.

INTRODUCTION

Alameda County is one of the most culturally, ethnically, and racially diverse counties in California. Its residents are 40.4% White, 30.2% Asian, 22.7% Hispanic/Latino, 17.3% other or multi-racial, 10.7% Black/African American, 0.9% Native Hawaiian/ Pacific Islander and 0.6% American Indian/Alaskan Native.[1] They speak more than 38 different languages.[2]

Approximately 11% of Alameda County residents live in poverty.[3] Nearly 44% of students are eligible to receive free or reduced price school meals, with family incomes falling below 130% of the federal poverty level.[4] For the past ten years inequalities in socioeconomic status have increased,[5] with high income families earning almost 17.9 times more than low-income families.[6]

Poor oral health is one of the major factors impacting school attendance and achievement:

- California children missed approximately 874,000 days of school due to a dental problem.[7]
- Students with a toothache in the last six months were four times more likely to have a low grade point average.[8]
- Students' absences due to dental problems is costing California school districts approximately $29.7 million annually.[9]

Oral health disparities based on income level, education and race/ethnicity occur throughout the life span and increase with age. For example:

- Less than half (44.5%) of the Medi-Cal eligible children ages 6 to 20 in Alameda County had a dental visit during the past year (2016 data).
- Asian and Black/African American children in four County WIC programs have a higher prevalence of untreated tooth decay compared to the other racial/ethnic groups in the sample (45.1% and 34.7% respectively).[10]
- Nearly 62% of Black/African American adults and 55% of Hispanic/Latino adults ages 20 to 64 have lost permanent teeth compared to 16% of white individuals.[11]
- One third of adults 65 and older have lost six or more permanent teeth and nearly nine percent have lost them all.[12]
- Older adults with lower socioeconomic status are twice as likely to experience periodontal disease and tooth decay.[13]
- Moreover, 39% of older adults who have less than a high school education has complete tooth loss compared to 13% with a college education.[14]

ALAMEDA COUNTY ACTED: WE MADE PROGRESS

In 2011, efforts to improve children's oral health throughout Alameda County were galvanized through a strategic planning process, one of the first of its kind in California. Recognizing that oral health was essential to overall health, Alameda County leaders brought together dozens of stakeholders from a variety of fields to help develop the 2012–2017 Strategic Plan for Oral Health. It was a watershed moment.

Fast forward to 2018. Alameda County continued to be a statewide leader in promoting a collaborative approach to oral health. The County expanded its diverse partnership between the Office of Dental Health (ODH) and a wide range of providers through the Healthy Teeth Healthy Communities (HTHC) Project. The HTHC Project is a collaboration of 17 community partners that include Alameda County FQHCs, community clinics, and CBOs. This collaborative has been working together for the last two years to increase the number and quality of oral health resources, services and education—particularly to increase access to care for 0 to 20-year-old children who are on Medi-Cal or are Medi-Cal eligible. To date more than 4,000 children have received care through this effort. HTHC also developed a Community of Practice (COP) for oral health providers. To date the COP has recruited 20 private dental providers who accept HTHC clients and offered Continuing Education (CE) training and mentorship to these providers and other dental professionals.

Funding from the California Department of Public Health (CDPH), Office of Oral Health enabled Alameda County to conduct the 2018 needs assessment process to identify gaps and opportunities to introduce, expand or improve programs. A comprehensive environmental scan was undertaken to catalogue the resources and services now available. It documented the challenges the County's most vulnerable communities face to accessing services and their experiences when they receive them. Alameda County is ready to continue the important work of addressing oral health disparities and to build on the progress that has been made to date.

The following list summarizes key accomplishments in improving oral health in Alameda County over the past five years:

Expanded Services and Education at Schools

Screenings at 98 schools within Alameda, Berkeley, Emeryville, Hayward, Fremont, New Haven, Oakland, San Leandro and San Lorenzo school districts now reach over 10,000 students annually with services including:

- Eighty percent of children in 2nd and 5th grade at 11 schools in the Berkeley Unified School District are screened annually, with 45–50% of those screened receiving dental sealants.
- Twelve of the 27 middle and high school-based health centers provide treatment to over 5,000 students annually.
- Comprehensive dental services are offered to students at 46 elementary schools in the Oakland Unified School District, with approximately 3,000 screened and over 2,000 receiving dental treatment annually.
- Over 500 students in five elementary schools in the Hayward Unified School District receive comprehensive dental services annually.

Increased Oral Health Services and Education for Young Children and Their Families

- Nearly 1,400 children at Head Start programs in seven cities receive screening and fluoride varnish annually.
- Dental preventive services are provided at four ACPHD WIC sites reaching 800 to 900 children 0 to 5 years old annually, including oral health education for parents and linkage to care for the children.
- Twenty-seven Community Dental Care Coordinators (CDCCs) conduct outreach all over the county providing education and offering support to get children a dental appointment, and ultimately establish a dental home.

Increased Training of Dental and Medical Providers

As a result of concerted outreach, training and referral:

- HTHC Project CDCCs connected 4,015 children to a dentist for care (January–December 2018).
- Over 100 dentists from 20 private dental practices and eight FQHCs joined the dental COP network and are providing care for children and youth on Medi-Cal.
- The number of dental providers that accept and treat pregnant women enrolled in Medi-Cal has more than doubled within the last five years.
- 50 pediatric medical providers from 22 clinics attended a continuing medical education course in Fall 2016 and were trained on the importance of integrating oral health into their routine practice; on-site, hands-on fluoride varnish training was provided to 15 clinics.

While these accomplishments are significant, there is much more to do. According to state data, many people on Medi-Cal still do not receive regular oral health screenings and preventive services. Our most marginalized residents, including homeless people, foster care and transition-aged youth, people with special health care needs, and older adults face even greater obstacles to accessing oral health services. In addition, local data is lacking to sufficiently track and measure the outcome of many intervention efforts.

Steps and Timeline

The 2019–24 Plan was developed in collaboration with County and community agencies through an iterative process that engaged more than 100 stakeholders. A Steering Committee comprised of oral health and medical providers, health educators, county health officials, elected officials' staff, and health advocates, led the planning. It designed the planning process, planned the stakeholder retreat, and participated in subsequent workgroups, keeping county and community agencies updated throughout. This Strategic Plan aligns with the California Oral Health Plan 2018–2028 and is a blueprint to expand and strengthen current efforts while continuing to develop new and innovative approaches addressing identified barriers to oral health.

A thorough oral health needs assessment was conducted in early 2018 using the seven-step model developed by the Association of State and Territorial Dental Directors (ASTDD) as a guide, including collecting, inventorying, and analyzing both quantitative and qualitative data. Data gaps were identified and the Strategic Plan incorporated strategies to collect additional data in the coming years.

Eleven interviews and seven focus groups were conducted to help inform the Strategic Plan priorities. Participants were chosen from each supervisorial district, and to represent a broad range of perspectives including children ages 0 to 5, school-aged children, pregnant women, older adults, foster youth, immigrants, people experiencing homelessness, individuals with special health care needs, FQHCs, WIC, ACPHD leadership and others. Feedback was also provided by the Oral Health Committee of the Alameda County Public Health Commission, and the existing workgroups of the previous Strategic Plan. A retreat was held in June 2018 with 80 participants who identified six focus areas and developed key strategies for this plan. After the retreat, six workgroups were created to develop goals and refine the strategies.

Table 1. Strategic Planning Timeline

Oral Health Strategic Plan Steering Committee Formed: Developed guiding principles, Needs Assessment Plan, and stakeholder retreat agenda	February–March 2018
Needs Assessment Conducted: Collected and analyzed primary and secondary data	March–May 2018
Stakeholder Retreat Held: Presented Needs Assessment data; developed vision for oral health, confirmed focus areas, drafted goals and outlined strategies	June 2018
Focus Area Workgroups Convened: Refined goals and strategies	July–September 2018
Steering Committee Reviewed: Finalized goals, strategies and developed a draft plan	October–December 2018
Draft Plan Edited	January 2019
Strategic Plan Published	March 2019

ASSESSMENT OF ORAL HEALTH NEEDS AND RESOURCES

During the first half of 2018, the Oral Health Steering Committee together with community partners and consultants completed a thorough assessment of the oral health status, needs and resources available to Alameda County priority populations. The following sections summarize the results of this process.

Health Trends and Service Utilization Data

CHILDREN (0 TO 20 YEARS OF AGE): RATES OF DENTAL DECAY

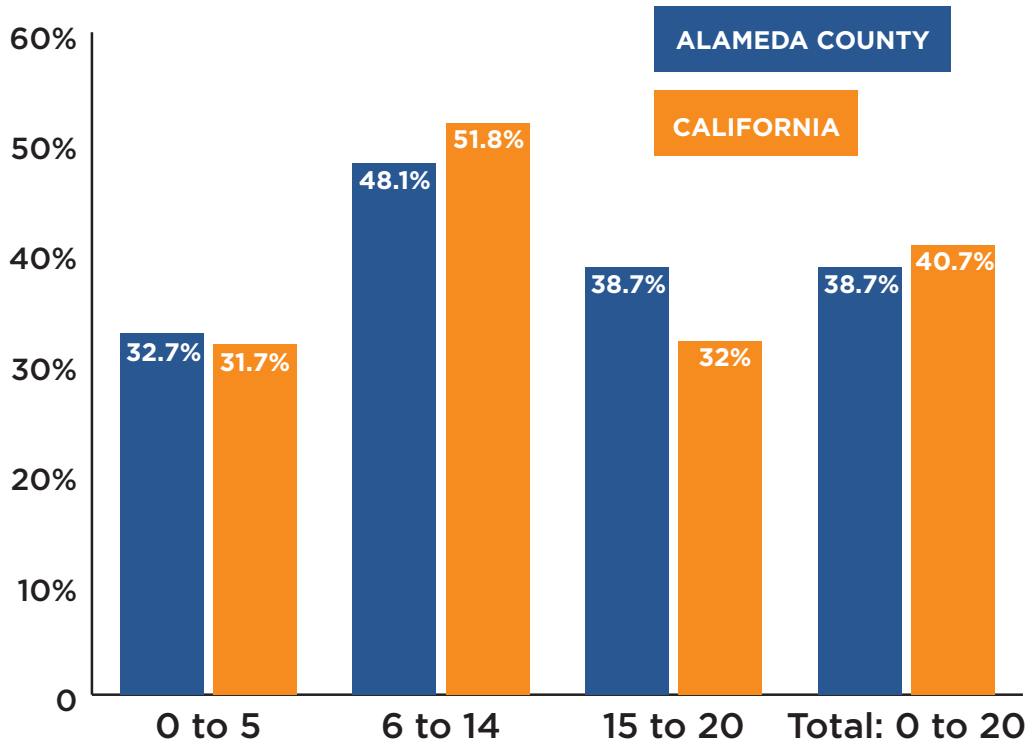
Dental decay is preventable and use of preventive dental services is critical for improving Alameda County's oral health outcomes. Many low-income children lack access to a regular source of preventive care; those that do have insurance often do not utilize services. According to the 2011–12 National Survey of Children's Health, 22.1% of children 1 to 17 years of age reported oral health problems in the last 12 months. Approximately 10.4% of parents described the condition of their children's teeth as fair or poor.[15] Although countywide representative data on children's dental status is unavailable, programmatic data shows a significant rate of tooth decay, beginning at a very young age:

- **Twenty-five percent of children in Head Start and Early Head Start programs** in Alameda County were **identified as needing treatment** for dental disease in 2016.[16]
- **More than one in three (32.8%) of the 924 children 0 to 5 years of age screened at selected WIC clinics in Alameda County in 2016 showed evidence of untreated dental decay.**[17]
- **Only 35% of schools from seven school districts reported kindergarten Oral Health Assessment data in 2016.** Eighty-four percent (84%) of eligible students at those schools had an assessment and 8% had untreated tooth decay.
- Nearly 45% of students screened at seven Oakland Unified School District elementary schools during academic years 2014 through 2017 had untreated tooth decay, with nearly 13.6% of students having severe tooth decay.[18]
- Among children screened through the **Berkeley Sealant Program** in 2017, **nearly 21% of students had untreated tooth decay with nearly 7% of students having severe tooth decay.**[19]
- In **2016–17, 89% of school-based health center dental clients** that had a clinical baseline dental assessment during the school year were found to have **some dental decay.**[20]

CHILDREN (0 TO 20 YEARS OF AGE): UTILIZATION OF SERVICES

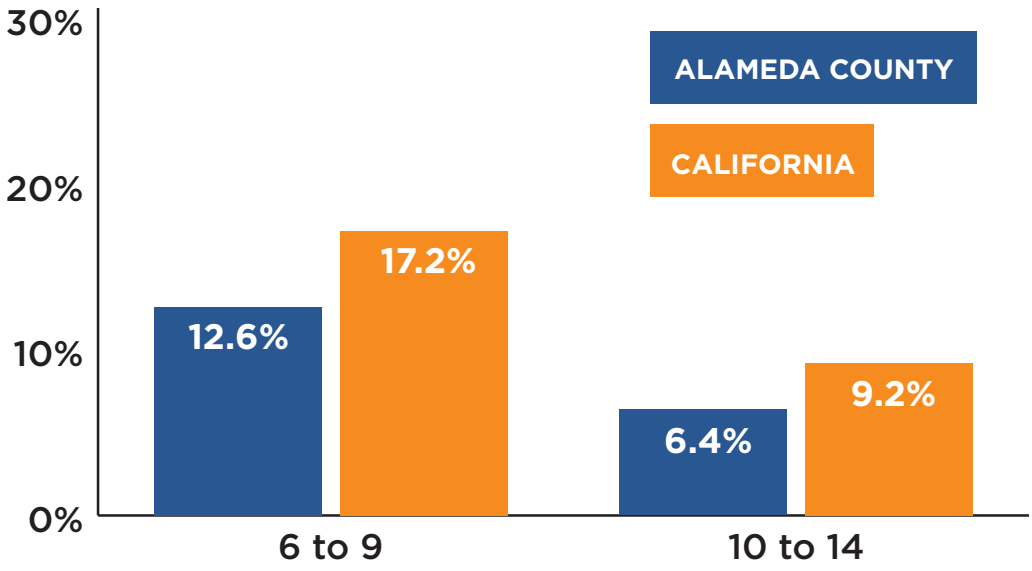
- Only thirty-nine percent (38.7%) of children 0 to 20 years of age in Alameda County had at least one preventive dental visit; among children 0 to 5 years old, the rate is even lower, with one in three Medi-Cal eligible children having received a preventive service (Figure 1).[21]
- Fourteen percent of the eligible kindergarteners in reporting school districts quoted "financial burden" or "lack of access" as reasons for not receiving an oral health assessment.[22]
- Less than thirteen percent (12.6%) of Alameda County Medi-Cal Dental eligible children aged 6 to 9 years, and 6.4% of children aged 11 to 14 years received a dental sealant the previous year.[23] These rates were less than the state average (Figure 2).

FIGURE 1: Utilization of Preventive Dental Services by Medi-Cal Eligible Children by Age Group (2016)



SOURCE: California Department of Health Care Services, Open Data Portal

FIGURE 2: Utilization of Dental Sealants by Medi-Cal Eligible Children by Age Group (2016)



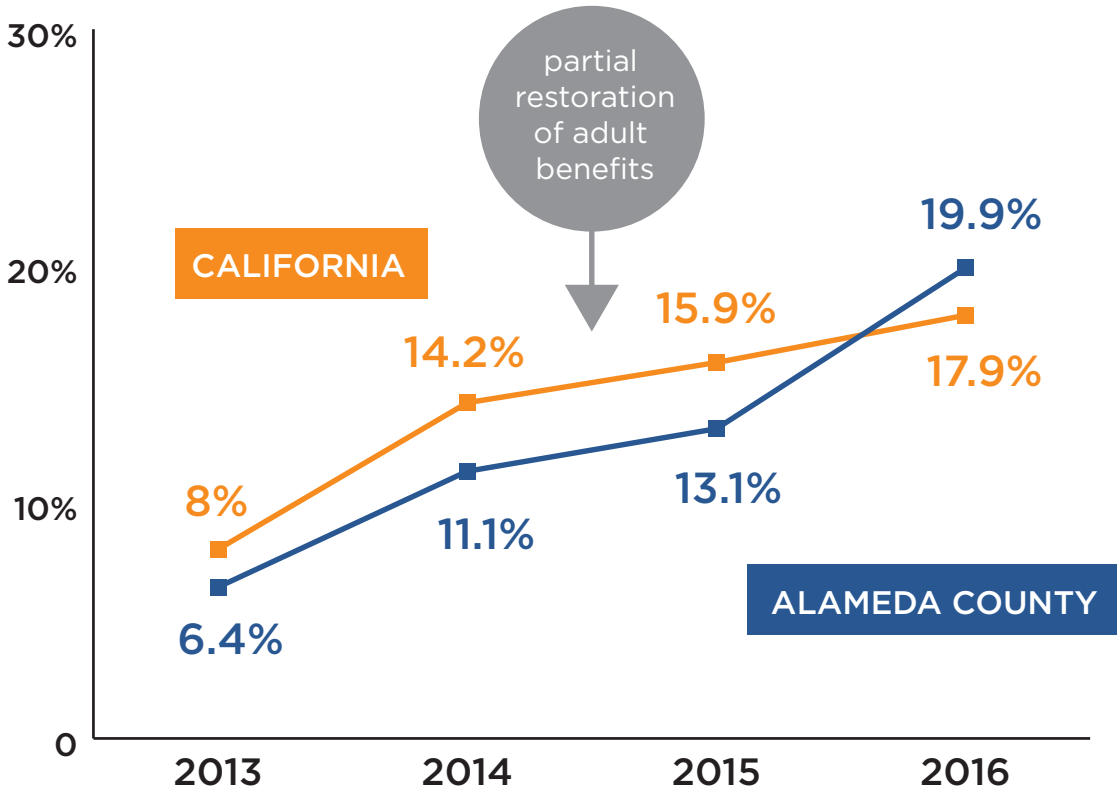
SOURCE: California Department of Health Care Services, Open Data Portal

ADULTS (18 TO 64 YEARS OF AGE): DENTAL DECAY AND UTILIZATION OF SERVICES

National data show that dental caries are often untreated among adults. Although a bit lower than the California rate, **survey data show that 35% of non-institutionalized adults (18 to 64 years of age) in the Oakland-Hayward-Berkeley** Metropolitan Statistical Area **had at least one permanent tooth extracted** in 2014 due to tooth decay or gum disease.[24]

- While use of dental services by Medi-Cal Dental eligible adults has been increasing over the years (Figure 3), at its best, o**nly about 20% of adults age 21 years and older in Alameda County had a dental visit during the past year.**[25]

FIGURE 3: **Utilization of Any Dental Services (Annual Dental Visit) by Medi-Cal Dental Eligible Adults, 21 Years and Older (2013–2016)**



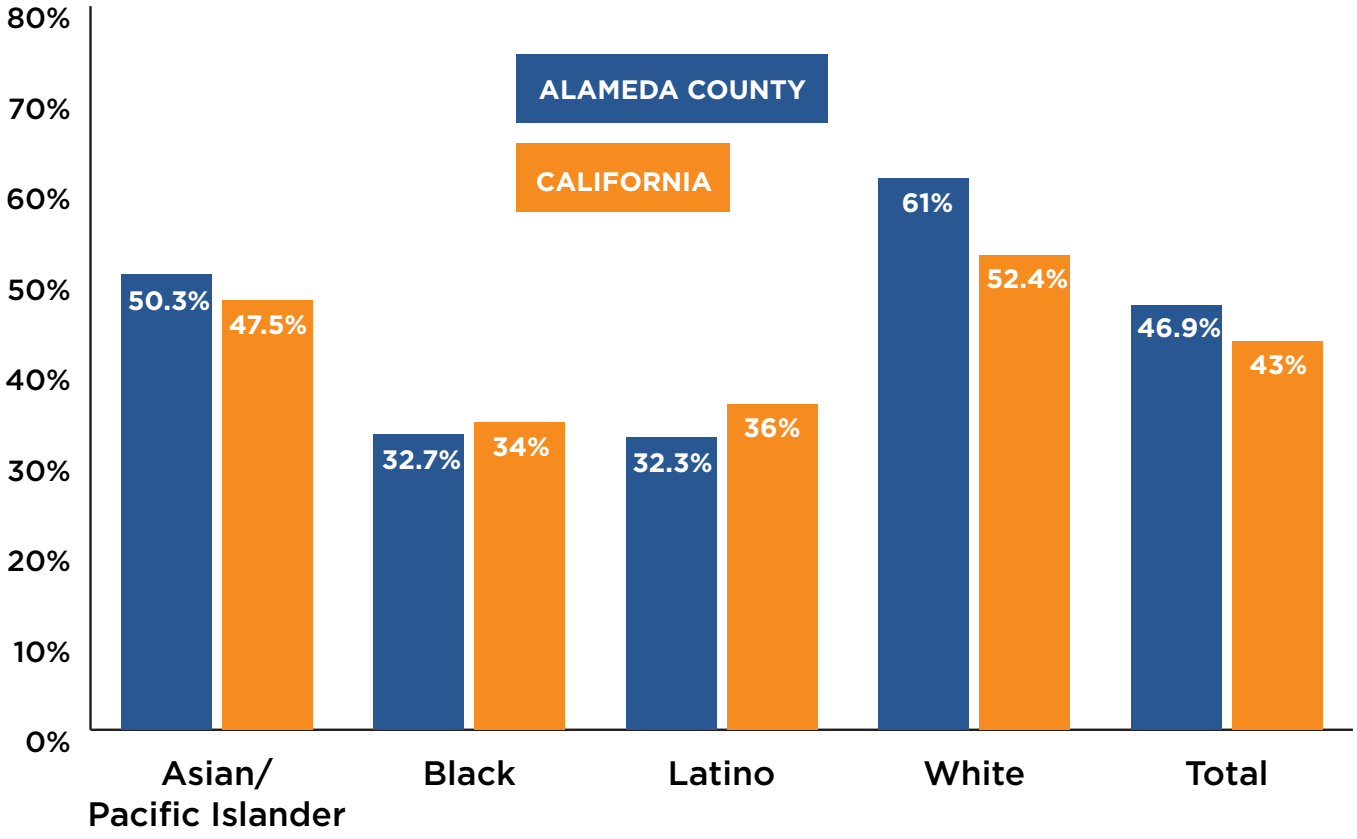
SOURCE: Medi-Cal Dental Program Data, California Health and Human Services, Open Data Portal

PREGNANT WOMEN: DENTAL DECAY AND UTILIZATION OF SERVICES

Studies have shown that dental decay in pregnant women raises the risk of dental decay in children[26] and periodontal disease is associated with low birth weight babies.[27] Medical providers who participated in the focus groups indicated that they thought it was not safe for pregnant women to get dental care, which is incorrect.[28] This misinformation may contribute to low utilization rates during pregnancy.

- **Fifty-three percent of pregnant women in California reported dental problems during pregnancy** with significantly higher prevalence among low-income, Black/African American women and those with lower educational attainment.[29]
- Although pregnant women overall in Alameda County have a higher utilization rate than the California average, **only 38% of pregnant women enrolled in Medi-Cal utilized dental services.** Latinas, Blacks/African Americans and those with lower educational attainment are less likely to use dental services during pregnancy than their counterparts (Figure 4).[30]

FIGURE 4: Utilization of Dental Services During Pregnancy by Race/Ethnicity



SOURCE: Maternal and Infant Health Assessment, California Department of Public Health, 2015

OLDER ADULTS (64 YEARS AND OLDER): DENTAL DECAY AND SERVICES

Although Medi-Cal covers dental care, Medicare does not. This policy impacts the use of preventive oral health services among older adults. Statewide California data show a high level of unmet need for dental care among older adults residing in Skilled Nursing Facilities (SNFs) and those who are community-dwelling:

- Nearly half of the older adults screened in SNFs and 30% of screened community-dwelling older adults have untreated tooth decay.[31]
- One in three older adults in California SNFs have lost their teeth and nearly 40% cannot chew because they lack functional contact between their upper and lower back teeth.[32]
- Forty-eight percent of screened community-dwelling older adults need treatment for tooth decay and/or periodontal (gum) disease.[33]
- Only 21% of older adults enrolled in Medi-Cal living in Alameda County had a dental visit in the previous year, which is comparable to the overall California rate.[34]

HOMELESS CHILDREN AND FAMILIES

Alameda County does not currently collect data specifically on the dental health needs and utilization of services among homeless children. While the Alameda County Health Care for the Homeless (ACHCH) program assures dental care for homeless adults with extensive dental problems such as periodontal disease and tooth loss, services tailored to homeless families and children don't exist. Providers and homeless families that participated in the focus groups and interviews reported multiple challenges to getting care, including lack of Medi-Cal coverage, transportation, stigma associated with homelessness, and mental health issues. These barriers prevent homeless children and families from receiving dental care.

PEOPLE WITH SPECIAL HEALTH CARE NEEDS

Populations with special health care needs include children, youth and adults that have intellectual, developmental and physical disabilities or challenges. This population faces unique obstacles that put them at high risk for dental disease. In addition, many providers are not adequately trained to care for them in an appropriate way. Data is also lacking on the current oral health status of these populations. Parents and guardians who participated in the focus groups noted that few dentists appear to be trained in how to treat young special needs patients, resulting in an unsatisfactory experience.

Qualitative Data: Focus Group and Key Informant Interviews

Eleven interviews and seven focus groups were conducted to help guide and inform the identification of priorities and appropriate strategies for the Plan. Participants were chosen by the Office of Dental Health (ODH) and the Steering Committee to include each supervisorial district, and to represent a broad range of perspectives including children ages 0 to 5, school-aged children, foster youth, pregnant teens and women, older adults, immigrants, families experiencing homelessness, people with special health care needs, FQHCs, WIC, Alameda County Public Health Department (ACPHD) leadership and others. Feedback was also provided by the Oral Health Committee of the Public Health Commission and the existing workgroups from the previous strategic plan.

Focus group participants were asked about: their understanding of good oral health practices and how they received that information; barriers they encountered to getting services; their experiences with dentists; and what would improve their dental experience. Provider focus groups were also asked questions about specific interventions and partnerships. Key informants who were interviewed were asked about current work being done in their agency, challenges and barriers, accomplishments and impacts, and what improvements they would like to see. In addition, they were asked specific questions related to their own programs.

The major barriers consumers faced to getting oral health care were cost for services and lack of or insufficient dental coverage; lack of information about good dentists who take Medi-Cal insurance and a limited number who will do so; and negative past experiences, including with dentists who are not trained to provide care for children with special needs. Their primary sources of information on good oral health care, after dentists, were primary care doctors, schools, and other programs such as WIC and Senior Centers.

Interviewees stressed the importance of agency leadership to support and institutionalize oral health prevention, education and referral through agency policies and practice guidelines. They found the trainings from ODH and HTHC to be very valuable and welcomed the addition of the HTHC Project's CDCCs to help clients access services and practice good home oral health. They recommended that these trainings be continued, expanded, and made part of their regular practice.

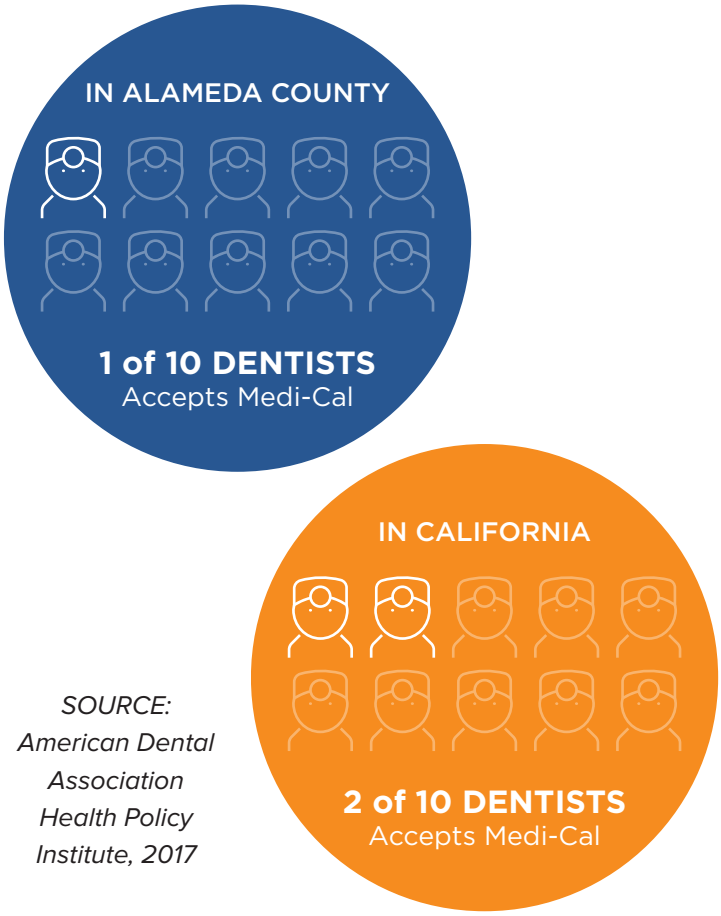
Several strategies to address the key barriers to oral health were identified across all groups:

- Make information widely available about what the Medi-Cal Dental Program covers, and distribute an annually updated referral list for dentists who accept Medi-Cal.
- Maintain and expand training on oral health and include more agencies that serve the priority populations.
- Conduct training with dental providers on the importance of preventive oral health care for infants and pregnant women, and provide specific suggestions on how to treat children, especially those with special health care needs.
- Begin to address the shortage of dentists by working with medical and other providers to expand the workforce, including using CDCCs at doctors' offices, expanding the role of Registered Dental Hygienists in Alternative Practice (RDHAPs) and training nurses and medical assistants to offer oral health preventive education and referral.
- Continue to increase integration and cooperation across agencies, not only between medical and dental providers but also by bringing together more stakeholders from different organizations that serve the priority populations.
- Develop a consistent communication strategy that is culturally, linguistically and age-appropriate for priority populations and that includes both oral health education and information on available oral health services.
- Address the lack of local data on oral health by building on the current needs assessment process and the information gathered from HTHC.

Dental Workforce and Services

In Alameda County there are over 1,468 licensed dentists, 868 Registered Dental Hygienists (RDH) and six RDHAPs.[35] Yet, only one out of ten dentists (173 total) practicing in Alameda County accept Medi-Cal beneficiaries.[36] This is less than half of the average for the state (Figure 5).

FIGURE 5: Proportion of Dentists That Accept Medi-Cal Dental Program Beneficiaries



SOURCE: American Dental Association Health Policy Institute, 2017

Although still quite low, the number of dental providers that accept pregnant women with Medi-Cal has increased to 61, up from around 30 in 2014.[37]

Like the rest of California, there is a shortage of pediatric dentists in Alameda County, accounting for only 4% of the total dental workforce. General practice dentists are the most common provider type, constituting 82% of the workforce.[38] The number of pediatric dentists or general dentists in Alameda County who are willing and able to care for very young children is smaller for the Medi-Cal patient population.

Through the Healthy Teeth Healthy Communities (HTHC) Project Alameda County is making strides to ensure more Medi-Cal eligible children 0 to 20 years old receive dental care. A new cross-agency dental workforce of 27 CDCCs are integrating into care systems throughout the County to improve oral health of vulnerable populations. This new workforce is providing support and assistance to families in navigating the system, so they receive timely and appropriate dental care for their children. Additionally, the project has built a dental Community of Practice network with 20 private practices and eight FQHCs. HTHC provides support and training for these dental providers and staff to better serve Medi-Cal children.

Policies

Alameda County has been at the forefront of the movement to adopt policies and practices that advance oral health of priority populations. Knowing that the over-consumption of added sugar in a person's diet is one of the leading causes of obesity and dental decay, and that sugar-sweetened beverages are the leading single source of added sugar for both children and adults, the Oral Health Committee of the Alameda County Public Health Commission and the ODH successfully advocated for the passage of a Sugar-Sweetened Beverage Distribution Tax (SSB) in Berkeley, Oakland and Albany.

SSB policies were designed to provide much-needed resources to promote healthy lifestyle adoption, including resources for health education, prevention services and healthy community infrastructure. Unfortunately, following the success of these local policies to protect the health Alameda residents, a backlash from sugar industries resulted in a statewide moratorium on local sugary beverage taxes for the next 13 years.

Other successful policy approaches focus more on organizational practices. As noted earlier in the We Made Progress section, many organizations have begun to incorporate education, assessment, screenings and referrals for oral health services. The broad base of support for these practices show promise that future policies may be adopted that will assure sustainability of progress.

Alameda County's Vision for Oral Health

The county's 2011 vision for oral health was expanded to be more inclusive and to reflect the importance of oral health at every stage of life:

> **To achieve health equity, all Alameda County residents throughout the life course have access to and utilize appropriate, high quality oral health services, including low socioeconomic populations such as homeless people and impacted racial and ethnic groups.**

Priority Populations

The Steering Committee carefully designed a needs assessment process that would illuminate the most pressing oral health needs in Alameda County and guide the selection of priority populations for this Plan. Quantitative data was collected on prevalence of oral health problems, utilization of services, and availability of Medi-Cal dentists who could treat populations like pregnant women and children. Focus groups and interviews captured the voices and real-life experiences from a broad range of groups as described previously. This information was synthesized and presented to the Steering Committee and the stakeholders in a highly interactive and iterative process that led to selection of the following priority populations for the Strategic Plan 2019–24:

- Children 0 to 20 years old, including foster and transition-aged youth
- Pregnant teens and women
- Older adults, aged 64 years and older
- Homeless children and families
- Special health care needs populations, including Children and Youth with Special Health Care Needs (C/YSHCN) and individuals with Intellectual and Developmental Disabilities (IDDs)
- Impacted racial and ethnic groups (e.g. immigrants and refugees)

Focus Area Goals and Strategy Overview

After reviewing the needs assessment and selecting priority populations, the Steering Committee identified six areas of focus for future strategies. These goals and strategies were informed by a set of guiding principles developed by the steering committee.

Guiding Principles

1. Oral health is an essential component of overall health.
2. Prevention should be prioritized and expanded, yet not to the exclusion of treatment needs, as part of the continuum of care.
3. Oral health strategies, approaches and services should be evidence-based, as well as informed by best practices that are grounded in and reflective of our community's unique and diverse resources and needs.
4. Culturally and linguistically appropriate oral health services are necessary to achieve health equity.
5. Forming partnerships and relationships among government entities, community-based organizations, clinics, and individuals enable us to be successful in achieving equitable oral health for all.
6. Oral health promotion and care coordination are essential to encourage families to access dental care and maintain good oral health.
7. Sustainable systems and policy changes that increase access, utilization of dental services and assure quality of care are critical to promote health equity.
8. Patient, family and community involvement is important to achieve oral health for all.
9. Focusing our efforts on understanding and addressing the needs of Alameda County's marginalized populations is imperative to close disparities and achieve oral health.
10. Alameda County's Strategic Plan is aligned with the State of California Oral Health Plan.

1. ACCESS

The approach of offering services at locations where priority populations already congregate will be continued and expanded to minimize barriers to preventive oral health services and treatment for Alameda County residents throughout their lives. This Strategic Plan proposes to add new locations with existing partners, as well as introduce services for new populations such as older adults. Efforts to further improve care coordination for dental appointments and to establish a dental home will remain a focus, as will efforts to expand the number of dental clinics and their capacity.

✔**GOAL:** Oral health services and education programs are easily available and utilized at locations frequented by priority populations across the life course, including WIC sites, Head Start, First 5 of Alameda County, schools, senior centers, older adult living residences, FQHCs, CBOs, Community Health Centers and other similar locations.

STRATEGY 1:

Improve and Expand School-Based Services

School-based oral health services, including comprehensive dental services and sealant programs, will be established in additional schools and in one new school district.

STRATEGY 2:

Improve and Expand Care Coordination

Continue implementing the HTHC dental care coordination model for children and expand it to increase oral health access for other priority populations.

STRATEGY 3:

Expand Early Childhood Prevention and Intervention Through Community Partnerships

Increase on-site preventive oral health services for children 0 to 5 years through expanded partnerships with WIC to improve services at existing sites, to expand to new sites at Early Head Start and Head Start, and in conjunction with childcare resource and referral agencies and other organizations.

STRATEGY 4:

Improve Oral Health Services for Pregnant Teens and Women

Provide guidance, technical assistance, and training to organizations that serve pregnant teens and women such as WIC, Early Head Start, Head Start, Cal-Safe, and Comprehensive Perinatal Services Program (CPSP) to increase the number of pregnant teens and women who are referred to and utilize dental services.

STRATEGY 5:

Support Services for Older Adult Prevention and Treatment

Provide guidance and support to organizations that serve older adults to increase oral health services at sites where older adults, 64 years and older, frequent and reside.

STRATEGY 6:

Increase Community Access to the Provider System of Care

Increase the capacity of existing dental providers and increase access points, e.g. through mobile vans and use of the virtual dental home model.

2. COMMUNICATION AND EDUCATION

A culturally, linguistically and age-appropriate public awareness campaign aimed at all priority populations will be launched with messages about the importance of oral health to overall health, how to maintain excellent oral health practices, and how to access Medi-Cal dental providers. Collaborative partner agencies will be asked to adopt and reinforce the campaign messages. Through key informant interviews, focus groups and anecdotal comments from providers, families indicated that they often lack appropriate, consistent and accurate information for oral health care prevention.

✔**GOAL:** Alameda County residents, especially priority populations, have increased understanding of the importance of good oral health and how to establish and maintain it as part of overall health.

STRATEGY 1:

Launch Oral Health Communications Plan

Develop a plan implemented by the Office of Dental Health to increase oral health awareness and visibility, in alignment with the California Oral Health Plan, Medi-Cal's "Smile California," and other health education campaigns.

STRATEGY 2:

Incorporate Oral Health Education in Agencies

Partner with agencies that serve priority populations to incorporate oral health education and simple messaging into their work with clients through training and technical assistance.

STRATEGY 3:

Build Community Empowerment

Build community awareness and empowerment through outreach and education efforts on the importance of oral health and how to access oral health services, through agencies serving priority populations.

STRATEGY 4:

Promote Preventive Behaviors

Build community awareness about the preventive benefits of drinking fluoridated water and avoiding sugar-sweetened beverages, including in collaboration with ACPHD Nutrition Services' Re-Think Your Drink campaign/water promotion efforts, and partnerships with health promotion programs linked to the Oakland Sugar Sweetened Beverage (SSB) Distribution Tax.

3. ORAL HEALTH WORKFORCE DEVELOPMENT

This plan builds on previous successful efforts to expand the pool of dental providers who accept patients with Medi-Cal coverage, and train them on treating priority populations and others in a culturally appropriate manner. Developing and expanding the role of alternative dental providers, such as RDHAPs, RDHs, Dental Assistants and Care Coordinators will greatly extend the dental provider network and increase its ability to serve priority populations.

✔**GOAL:** Alameda County's oral health workforce is culturally competent and has increased capacity to better serve identified priority populations.

STRATEGY 1:

Expand Network of Dentists that Accepts Medi-Cal

Recruit additional dental providers and staff who accept Medi-Cal and increase their capacity to serve priority populations through the HTHC Project.

STRATEGY 2:

Increase Access to and Quality of Services Through Training

Train dental providers, including Dental Assistants and RDHs/RDHAPs, to increase access and improve quality of care to priority populations.

STRATEGY 3:

Expand Services for Older Adults

Explore feasibility of expanding provision of services by RDH/RDHAP for older adults in institutionalized settings and those with mobility limitations.

STRATEGY 4:

Build a Career Pipeline

Build programs to recruit and train new Dental Assistants and/or RDH/RDHAPs to work in underserved communities, in partnership with high schools, colleges, universities and vocational programs.

STRATEGY 5:

Expand Community Dental Care Coordination (CDCC) Model

Train outreach workers, health navigators, peer health educators and other similar workers to expand oral health education for families; build provider relationships; and create and improve effective referral systems.

4. INTEGRATION OF ORAL HEALTH AND MEDICAL CARE

The 2018 Needs Assessment indicated the importance of incorporating oral health into medical care settings, leading to the addition of this new focus area. As trusted professionals that patients see at a very early age and throughout their lives, medical providers can play a critical role in early detection of oral health issues, prevention, education and referrals to a dental provider. Training medical providers to integrate these services into medical visits and institutionalizing this integration through data sharing and communication and clinical care policies is critical for success.

✔**GOAL:** Oral health assessment and preventive and referral services are routinely provided to all priority populations at their medical visits.

STRATEGY 1:

Increase and Improve Oral Health Services for Pregnant Women and Teens

Continue and expand collaborative efforts to integrate oral health into pre-natal medical care by providing trainings to medical and dental providers and working with FQHCs to improve and monitor the referral process of pregnant teens and women from medical visit to dental appointment.

STRATEGY 2:

Integrate Oral Health Services into Pediatric Primary Care

Continue and expand collaborative efforts with the Child Health and Disability Prevention Program (CHDP), Medi-Cal Managed Care plans, Medi-Cal Dental program, Alameda Health Systems, FQHCs, Community Pediatric Providers, and other partners to integrate dental assessment, prevention, fluoride varnish application, and education into pediatric primary care.

STRATEGY 3:

Integrate Oral Health into Primary Care for Adults

Establish a model to integrate oral health into primary care for adults and older adults and pilot in at least one FQHC clinic.

STRATEGY 4:

Institutionalize Integration of Oral Health into Primary Care Policies and Systems

Develop ways to institutionalize integration of primary care and oral health care; work with primary care clinic leadership to develop and implement policies that strengthen data sharing, communication between medical and dental providers, and tracking of outcomes.

STRATEGY 5:

Integrate Oral Health into Other Prevention Efforts

Collaborate with ACPHD Tobacco Control Program to support dental providers to assess tobacco use and refer clients to tobacco cessation programs; ensure dental providers are aware of training opportunities, tools, and resources to support cessation counseling and referral.

5. POLICY AND SUSTAINABILITY

To ensure that the Strategic Plan is institutionalized and sustained, the Oral Health Committee of the Public Health Commission will work with organizational leadership throughout Alameda County to advocate for policies that advance oral health in priority populations, including aligning oral health efforts within other organizations' processes and policy agendas. A sustainability plan and ongoing convenings will provide the foundation for continued ongoing coordination.

✔**GOAL:** Policies are advanced that address the Strategic Plan goals and promote sustainability of efforts, including by institutionalizing oral health into primary health care systems (described under Integration Focus Area).

STRATEGY 1:

Leverage and Align Efforts with City and County Partners

Coordinate with city and county partners and others to leverage support for oral health as a priority and support alignment of policy efforts to improve the oral health of priority populations.

STRATEGY 2:

Promote Innovative Approaches

Advance new policies and interventions that promote innovative approaches to increase access to care and promote oral health for priority populations.

STRATEGY 3:

Advocate for Sustainable Funding

Leverage collaborative partnerships to advocate locally and with the state for ongoing resources to sustain Plan efforts.

6. SURVEILLANCE AND EVALUATION

Regular data collection, analysis and evaluation is critical to measure progress, ensure efforts are effective and to plan for the oral health needs of Alameda County's rapidly changing population. Baseline oral health status of kindergartners and 3rd graders throughout the county will be measured and a surveillance and evaluation plan for ongoing data collection and analysis will be developed.

✔**GOAL:** Critical baseline data is collected and a mechanism for regularly evaluating the progress of the Strategic Plan is established.

STRATEGY 1:

Create a System for Ongoing Data Collection and Analysis

Establish an oral health surveillance and evaluation work group that coordinates efforts to collect and analyze data utilizing a health equity framework.

STRATEGY 2:

Establish Basic Screening Surveys for School Children

Conduct basic screening survey for kindergarten and 3rd grade children in Alameda County's public schools to measure oral health status, using Association of State and Territorial Dental Directors (ASTDD) methods.

STRATEGY 3:

Develop a Plan for Addressing Data Gaps

Develop a plan for addressing data gaps identified in the 2018 Needs Assessment in areas such as access, utilization systems and oral health status for older adults, children and youth with special health care needs, individuals and families who are homeless, and immigrant populations.

STRATEGY 4:

Monitor Progress of Plan Implementation

ODH will monitor progress of the Strategic Plan implementation. ODH will create a separate and detailed implementation plan, develop workgroups to help evaluate progress and will communicate the progress to the community and stakeholders through meetings and reports.

Five-Year Indicators

The following are overall indicators to evaluate the impact of the Strategic Plan. Additional outcomes have been developed for each strategy and are part of the Implementation Plan, which will be a separate document. The indicators below are in alignment with the State of California Oral Health Plan.

Table 2. Five-Year Indicators	GOAL
CARIES EXPERIENCE	
1. The percentage of kindergarten and third grade children who have experienced tooth decay	↓5%
2. The percentage of kindergarten and third grade children with untreated tooth decay	↓5%
CARIES DISPARITIES	
3. Reduce the racial/ethnic disparity in the percent of kindergarten and third grade children who have experienced tooth decay.[a]	Will be set June 2019
PREVENTIVE SERVICES	
4. The percentage of children 0 to 20 years of age enrolled in Medi-Cal who received at least one preventive dental service billed to Medi-Cal during the previous year	↑10%
5. The percentage of children 0 to 20 years of age enrolled in Medi-Cal who received a comprehensive oral evaluation or a prophylaxis in both the year prior and in the measurement year[b]	↑5%
6. The percentage of third graders (7 to 8-year-old children) who have a dental sealant on at least one permanent molar	↑5%
7. The percentage of adults and older adults enrolled in Medi-Cal who had at least one dental visit billed to Medi-Cal during the past year: a. Adults (21 to 64 years old) b. Older adults (65+ years)	 ↑5% ↑3%
PRENATAL ORAL HEALTH	
8. The percentage of women and teens who had at least one dental visit during pregnancy	↑5%
WORKFORCE	
9. The number of active and practicing dentists who accept new Medi-Cal clients[c]	↑10%
EMERGENCY DEPARTMENT VISITS	
10. The rate per 100,000 of avoidable emergency department visits (for select preventable, non-traumatic dental conditions)[d] by children (0 to 18 years old)[e]	↓5%

a. This indicator is developmental and will be examined further with the target population defined after obtaining baseline data (anticipated June 2019)

b. Applicable to beneficiaries continuously enrolled in the same plan for two years with no gap in coverage, unlike other Medi-Cal indicators that apply to individuals with 90 days continuous eligibility

c. Based on Alameda County Office of Dental Health's annual survey of dental providers, 2018

d. ICD-10 codes as selected by the Association of State and Territorial Dental Directors

e. Data counts multiple visits by the same individual

GLOSSARY OF TERMS

California Children's Services (CCS)	A state program that provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under 21 with CCS-eligible medical conditions.
Care Coordination	The facilitation of a client's health care whereby the care coordinator helps navigate barriers to care by providing resources needed to carry out all required patient care activities including communication with care providers and scheduling of appointments.
Caries (dental caries)	Commonly used term for tooth decay.
Cavity (carious lesion)	Missing tooth structure. A cavity may be due to decay, erosion or abrasion. If caused by caries, also referred to as carious lesion.
Child Health and Disability Prevention Program (CHDP)	A preventive program that offers periodic health assessments and services to low-income children and youth in California, including care coordination, transportation and access to diagnostic and treatment services.
Community Dental Care Coordinator (CDCC)	A trained community outreach worker who assists clients with oral health education, care coordination, and navigation of the oral healthcare system within the community where clients live.
Continuity of Care	Uninterrupted health care and long-term preventive care from the time of first contact. Continuity of care is concerned with quality of care over time. It is the process by which client and provider are cooperatively involved in ongoing health care management toward the shared goal of high quality, cost effective care.
Community of Practice (COP)	A network of private practice dentists and federally qualified health centers (FQHCs) that recognize the importance of equitable access to care, are knowledgeable of barriers to care experienced by Medi-Cal enrollees and are proficient in applying preventive dentistry and motivational interviewing.
Comprehensive Perinatal Services Program (CPSP)	A Medi-Cal program developed to reduce morbidity and mortality among low-income pregnant women and their infants in California. In addition to standard obstetric services, women receive comprehensive nutrition services, psychosocial support, health education, and case management from conception through 60 days postpartum.
Denti-Cal	Denti-Cal, Medi-Cal's fee-for-service (FFS) dental program that is the primary public financer of dental care for California's low-income population.
Dental Sealant	A dental material that is a thin, plastic film, painted on the chewing surfaces of back teeth (molars and premolars) to prevent tooth decay.
Dental Transformation Initiative (DTI)	A component of the Medi-Cal 2020 waiver aimed at improving dental health for children enrolled in Medi-Cal, by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform.
Federally Qualified Health Center (FQHC)	Type of health center provider defined by the Medicare and Medicaid statutes receiving grants under Section 330 of the Public Health Service Act, which receive enhanced Medicaid and Medicare reimbursements.

Fluoride Varnish	Lacquer containing 5% sodium fluoride that is applied to the teeth to reduce tooth decay.
Head Start	A federally funded pre-school program for enrolled low-income families that promotes school readiness through education, health, nutrition and social services.
Health Equity	Attainment of the highest level of health for all people. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
Healthy Teeth Healthy Communities (HTHC)	Alameda County's Local Dental Pilot Project (LDPP) designed to help families overcome barriers to accessing dental care for their Medi-Cal eligible 0 to 20-year-old children.
Local Dental Pilot Project (LDPP)	Domain four of California's DTI funded 15 LDPPs to increase access to preventive dental services for Medi-Cal eligible children. Healthy Teeth Healthy Communities is Alameda County's LDPP.
Local Oral Health Program (LOHP)	A program designed to create and expand capacity at the local level to educate, prevent, and provide linkages to treatment programs, including dental disease caused by using cigarettes and other tobacco products.
Medi-Cal Dental Program	The Medi-Cal Program currently offers dental services as one of the program's many benefits. Under the guidance of the California Department of Health Care Services, the Medi-Cal Dental Program aims to provide Medi-Cal beneficiaries with access to high-quality dental care.
Periodontal Disease	Bacterial infection of supporting structures of the teeth (gums, bones, and ligaments) which, if left untreated, can destroy the support of the teeth in their sockets, thus causing tooth loss.
Preventive Dental Care	Actively caring for your teeth through brushing, flossing and regular checkups. The goal of preventive dental care is to identify and fix small problems before they become big, and potentially costly, issues.
RDHAP (Registered Dental Hygienist in Alternative Practice)	A registered dental hygienist with specialized training who holds a specific license to allow him or her to practice in settings outside of the traditional dental office.
Sealant	A resinous material designed to be applied to the occlusal surfaces of posterior teeth to prevent occlusal caries.
Smile California Campaign	A campaign offered by Medi-Cal that provides extensive details about dental services for those enrolled in Medi-Cal.
Sugar-Sweetened Beverage Tax (SSB)	A tax on beverages heavily sweetened with sugar, such as soda and energy drinks, paid for by the distributors of these products.
Surveillance	The ongoing systematic collection, analysis and interpretation of data for use in planning and implementing public health practices.
Tooth Decay	*See Caries.*
Virtual Dental Home (VDH)	A community-based oral health delivery system in which clients receive preventive and simple therapeutic services from RDHAPs in community settings using the latest technology to link practitioners in the community with dentists at remote office sites.

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ALAMEDA COUNTY STRATEGIC PLANNING FOR ORAL HEALTH: STEERING COMMITTEE

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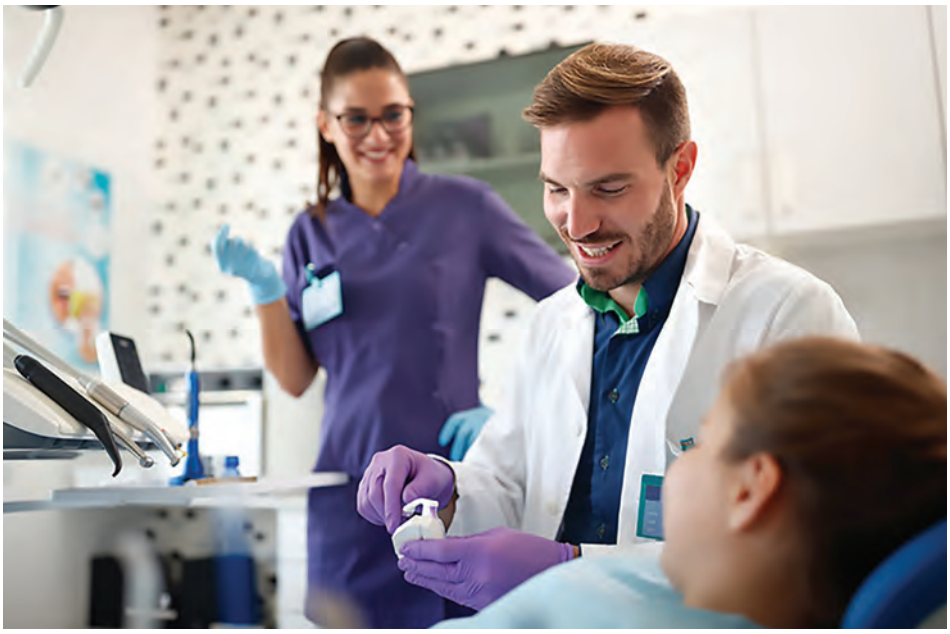

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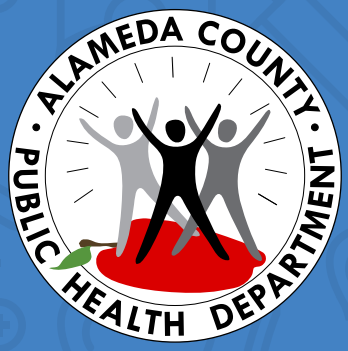

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