



2018-2028 California Oral Health Plan

VISION

Healthy Mouths for all Californians

MISSION

The Oral Health Program convenes stakeholders to coordinate and facilitate the implementation of the California Oral Health Plan to improve the oral health of Californians throughout the lifespan.

Determinants of health, healthy habits, and population-based interventions.

Goal 1:
FOCUS

Improve the oral health of Californians by addressing determinants of health and promote healthy habits and population-based prevention interventions to attain healthier status in communities.

Objectives
MEASURE

- 1.A: Reduce the proportion of children with dental caries experience and untreated caries.
- 1.B: Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease.
- 1.C: Increase the proportion of the California population served by community water systems with optimally fluoridated water.
- 1.D: Increase the percentage of patients who receive evidenced-based tobacco cessation counseling and other cessation aids in dental care settings.

Strategies
PROMOTE

- 1.1: Build community capacity to integrate oral health into the decision-making process for health policies and programs
- 1.2: Address the determinants of oral health.
- 1.3: Identify, maintain and expand evidence-based programs and best practice approaches that promote oral health.

Community-Clinical Linkages

Goal 2: FOCUS

Align dental health care delivery systems, payment systems, and community programs to support and sustain community-clinical linkages for increasing utilization of dental services.

Objectives MEASURE

- 2.A: Increase the proportion of children who had a preventive dental visit in the past year and reduce disparities in utilization of preventive dental services.
- 2.B: Increase the percentage of Medi-Cal enrolled children ages 1 to 20 who receive a preventive dental service.
- 2.C: Increase the percentage of children, ages six to nine years, who have received dental sealants on one or more of their permanent first molar teeth.
- 2.D: Increase the proportion of pregnant women who report having been seen by a dentist.
- 2.E: Increase the number of Medi-Cal beneficiaries under six years of age receiving in any 12-month period a dental disease prevention protocol by primary care medical providers that includes an oral health assessment, fluoride varnish application, and dental referral or assurance the patient has received examination by a dentist in the last 12 months.
- 2.F: Increase the proportion of persons with diagnosed diabetes who have at least an annual dental examination.
- 2.G: Increase the engagement of dental providers in helping patients to quit using cigarettes and other tobacco products.
- 2.H: Decrease repeat emergency room visits for dental problems.
- 2.I: Improve the oral health status of institutionalized adults and increase the options for nursing home and other institutionalized adults to receive dental services.

Strategies PROMOTE

- 2.1: Leverage each school district's Local Control Accountability Plan that is focused on equity, transparency, and performance to support kindergarten dental assessment.
- 2.2: Identify, maintain, and expand community-clinical linkage programs in targeted sites such as WIC programs, Early Head Start/Head-Start, preschools, and schools.
- 2.3: Capitalize on the Medi-Cal Dental Transformation Initiative and other program improvement efforts to increase the number of children receiving effective preventive interventions.
- 2.4: Integrate oral health and primary care by leveraging HRSA's Perinatal and Infant Oral Health Quality Improvement grant to identify and address barriers to care.
- 2.5: Incorporate oral health into diabetes management protocols and include an annual dental examination as a recommendation.
- 2.6: Integrate tobacco use cessation counseling and oral cancer assessment as part of dental and primary care visit protocols.
- 2.7: Explore support for a demonstration program to test methods for linking patients who present to hospital Emergency Departments (ED) to a dental provider.
- 2.8: Integrate dental services with educational, medical, and social service systems that serve vulnerable children and adults.
- 2.9: Provide information and guidance to facilities and dental practitioners regarding new and alternative care delivery models and the availability of training.

Collaboration to expand infrastructure and capacity

Goal 3: FOCUS

Collaborate with payers, public health programs, health care systems, foundations, professional organizations, and educational institutions to expand infrastructure, capacity, and payment systems for supporting prevention and early treatment services.

Objectives MEASURE

- 3.A: Reduce the number of children whose dental disease severity necessitates dental treatment under general anesthesia.
- 3.B: Increase the number of dentists practicing in recognized dental professional shortage areas or providing a majority of their services to recognized underserved populations.
- 3.C: Increase the number of existing Promotora/community health workers/home visitation/CHDP programs that provide oral health counseling, dental referral assistance, and care coordination.
- 3.D: Increase the number of payers that implement dental benefit policies and payment strategies to support community-clinical linkage models.
- 3.E: Increase the percentage of payers that implement payment policies that reward positive oral health outcomes.
- 3.F: Increase the number and capacity of Federally Qualified Health Centers (FQHC) that provide dental services.
- 3.G: Increase the number of Counties to ten with scopes of work, oral health action plans, and budgets that include personnel and non-staff line items for performing essential dental public health functions.

Strategies PROMOTE

- 3.1: Increase the capacity of providers to manage dental problems in young children.
- 3.2: Increase the capacity of providers to manage dental problems in vulnerable adults.
- 3.3: Expand the loan repayment programs for students of dentistry and dental hygiene.
- 3.4: Encourage CHWs and Home Visitors to promote oral health and address barriers to care.
- 3.5: Explore insurance coverage and payment strategies to encourage preventive dental care and assure quality of care.
- 3.6: Increase the number of FQHCs that provide dental services in community sites.
- 3.7: Develop a guide for funding non-clinical dental public health program activities and address building dental scopes of work language into county level agreements.

Communication

Goal 4: FOCUS

Develop and implement communication strategies to inform and educate the public, dental teams, and decision makers about oral health information, programs, and policies.

Objectives MEASURE

- 4.A: Institute a process for developing and implementing a communication plan for the California Oral Health Plan and related reports.
- 4.B: Increase the coordination, consistency, and reach of oral health messages targeted to different audiences in multiple languages and various formats.
- 4.C: Increase the number of local (city/county) health departments and FQHCs using social media to promote oral health.
- 4.D: Increase the proportion of patients who report their dental care teams give them easy to understand instructions about what to do to take care of their oral health and prevent or treat oral diseases.

Strategies WORK ON

- 4.1: Convene a Communication Workgroup to develop and implement the California Oral Health Communication Plan.
- 4.2: Gather and market educational materials and approaches to achieve the California Oral Health Communication Plan's goals and objectives.
- 4.3: Promote and provide resources on how to use social media to promote oral health and improve the effectiveness of social media outreach.
- 4.4: Provide training and resources to improve dental teams' communication with patients about oral health.

Surveillance System

Goal 5: FOCUS

Develop and implement a surveillance system to measure key indicators of oral health and identify key performance measures for tracking progress.

Objectives MEASURE

- 5.A: Develop a five-year surveillance plan consistent with the Council of State and Territorial Epidemiologists definition of a State Oral Health Surveillance System to provide current data on diseases/conditions, risk/protective factors, and use of dental services.
- 5.B: Gather, analyze, and use data to guide oral health needs assessment, policy development, and assurance functions.

Strategies PROMOTE

- 5.1: Convene a partnership with representatives from key organizations and agencies to advise the CDPH's Oral Health Program on surveillance plan development and implementation.
- 5.2: Analyze, communicate, and effectively use data for planning and evaluation.

Measurable Objectives

Indicators	Timeframe	Baseline	Target
Caries experience - Kindergarten -Third Grade	2018-2028	53.6% (2004-05) 70.6% (2004-05)	42.9% 56.5%
Untreated caries -Kindergarten -Third Grade	2018-2028	27.9% (2004-05) 28.7% (2004-05)	22.3% 23.0%
Tooth loss - Ever had a permanent tooth extracted among 35-44 years - Complete tooth loss among 65+ years	2018-2028	38.4% (2014) 8.7% (2014)	34.6% 7.8%
Community Water Fluoridation (CWF) -Percent of the population on CWF	2018-2028	63.7% (2015)	70%
Tobacco cessation counseling in dental offices	2018-2028	35.7%	39.3%
Preventive dental visit in children -Living in household with income less than 99% of FPL -Living in household with income greater than 400% of FPL	2018-2028	63.3% 83.6%	69.6% 92%
Preventive dental visit among Medicaid children (0-20 years)	2018-2028	37.8%	47.8%
Children with dental sealant on a molar (6-9 years)	2018-2028	27.6%	33.1%
Pregnant women with dental visit during pregnancy	2018-2028	42.1%	48.4%
Children under 6 years enrolled in Medi-Cal receiving dental services provided by a non-dentist provider	2018-2028	2.8%	12.8%
People with diabetes who have at least an annual dental visit	2018-2028	60.0%	66.0%
Oral and pharyngeal cancer detected at the earliest stage	2018-2028	23.2% (2011)	25.5%
Emergency room visits	2018-2028	298/100,000 [113,000 visits- 2012]	268/100,000
Number of children treated under general anesthesia	2018-2028	NA	Developmental
Number of Community Health Worker and Home Visiting Program that provide oral health counseling and care coordination	2018-2028	NA	Developmental
Number of payers that implement dental benefit policies and payment strategies that support community-clinical linkage models	2018-2028	NA	Developmental
Number of FQHCs providing dental services	2018-2028	68% (N=886)(2013)	74.8%
Number of patients who receive dental services at FQHCs	2018-2028	19.8%	37.7%
Number of dentists practicing in dental professional shortage areas	2018-2028	NA	Developmental
Number of local health departments with scopes of work, oral health action plan and budgets	2018-2028	NA	10