

California Department of Public Health Office of Oral Health

**June Project Directors Meeting
June 14, 2022**



Agenda

- Welcome and Introductions.....Lindsey McDermid (CSUS)
- Looking Back: Reflections on First 5-Year Cycle.....Dr. Jayanth Kumar
- Looking Back: Local Success Stories..... Humboldt, San Joaquin, Tuolumne
- Menti Poll
- Moving Forward: Integrating oral health with other local programs.....LOHP panel
- Moving Forward: Leveraging Additional Funding.....Eileen Espejo, Children Now
- Looking Ahead: What's NextDr. Jayanth Kumar
- Closing Remarks and Menti Poll.....Lindsey McDermid (CSUS)



Looking Back: 2017 – 2022



OOH – Reflections on the First 5 Year Cycle



OOH – Reflections on the First 5 Year Cycle



2015 - 2017

Name: Oral Health Program

Staff members: 5

Milestones:

- Dr. Kumar named Dental Director
- Advisory Committee established
- Prop 56 Funding

OOH – Reflections on the First 5 Year Cycle

2017 - 2019

Name: Office of Oral Health

Staff: 15

Milestones:

- Status of Oral Health in CA
- CA Oral Health Plan
- CA Surveillance Plan
- 5-year grant funding for LHJs
- CA Technical Assistance Center



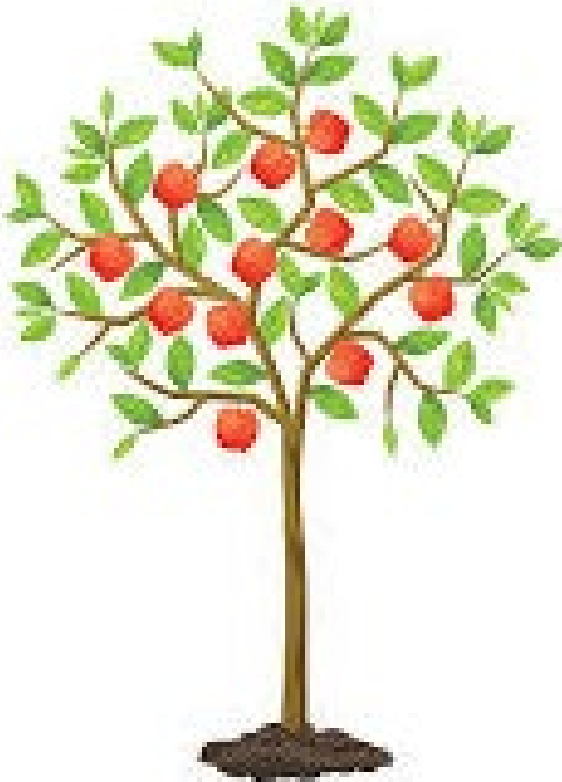
OOH – Reflections on the First 5 Year Cycle

2020 - 2022

Staff: 23 plus two CSTE/CalEIS Fellows

Milestones:

- COVID-19
- CA Smile Report 2021
- Funding for school dental programs
- Toolkits (Tobacco, OHL, SSB)
- Partnership Plan & workgroups
- Prop 56 Tobacco Revenue Backfill
- First 5-year grant concludes
- Next 5-year grant begins



Health Care and Public Health Partnership



- Dental Transformation Initiative
- Restoration of adult dental benefits
- Smile, California Campaign
- CalAIM: California's Opportunity to Transform Medi-Cal
- CalHealthCares



Collective Impact Approach: A Basic Strategy



Conditions:

1. Common agenda
2. Shared measurement systems
3. Mutually reinforcing activities
4. Continuous communication
5. Backbone support organization

Call to Action



- Policy changes are needed to reduce or eliminate social, economic, and other systemic inequities that affect oral health behaviors and access to care.
- Dental and other health care professionals must work together.
- We need to diversify the composition of the nation's oral health professionals, address the costs of educating and training the next generation, and ensure a strong research enterprise dedicated to improving oral health.

Local Success Stories



- **Humboldt**
 - Brush in a Box
- **San Joaquin**
 - Stella's Shiny Smile
- **Tuolumne**
 - Partnering with UCSF's Dental Public Health Program



Humboldt County's LOHP's *Brush in a Box* Success Story

Presented by: Ciara Hunt

June 14, 2022, Project Director's Meeting



What is *Brush in a Box?*



Tooth Brushing program for
Early Childcare and Elementary
School classrooms

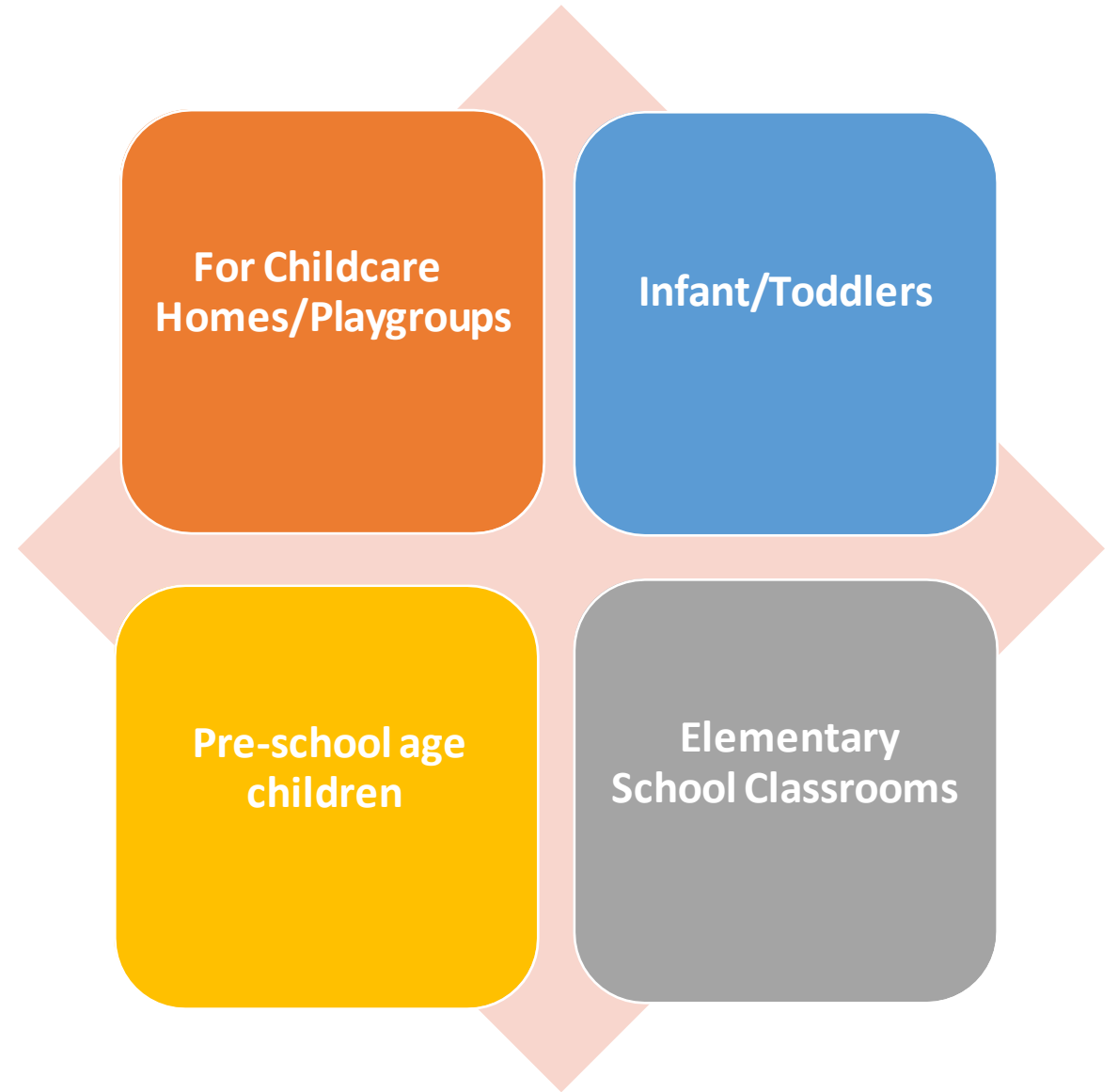


Tooth brushing procedure,
contract, and supplies



Checklist and survey

Procedure and Materials





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[Topics](#)

[Policy & Regulations](#)

[View the Latest COVID-19 Updates from the Office of Head Start](#)



Oral Health

Brush Up on Oral Health

Brushing Teeth at the Classroom Table

This Brush Up on Oral Health tip sheet is all about toothbrushing in a Head Start classroom. Head Start staff can help children brush and develop positive oral health habits that will last a lifetime. Scheduling time for children to brush their teeth with fluoride toothpaste during the program day ensures that children brush at least once a day.

This tip sheet answers questions about the amount of fluoride toothpaste to use, the benefits of brushing at the classroom table as a group, and how to clean and store toothbrushes.



Brushing with Fluoride Toothpaste

Daily brushing with fluoride toothpaste is very effective at preventing tooth decay. The [American Academy of Pediatric Dentistry](#) and other professional associations recommend that children begin using fluoride toothpaste as soon as the first tooth comes into the mouth. The amount of toothpaste to use is based on the child's age. For children younger than age 3, a grain of rice-sized amount is recommended. For children ages 3 to 6, a pea-sized amount is recommended.

Brushing at the Classroom Table

A quick and structured approach to daily brushing in the classroom is to have children brush at the table as a group. The video, [Steps for Toothbrushing at the Table: Growing Healthy Smiles in Early Care and Education Programs](#), and the Indian Health Service's [Classroom Circle Brushing: Quick Reference Guide](#) offer simple step-by-step approaches to brushing at the classroom table.



There are many benefits of brushing at the table as a group:

- It provides a calm, orderly way to teach children how to brush.

Infants (Ages About 6 Months to Age 1)

- Make sure that each infant has their own infant-sized, soft-bristled toothbrush. Label the toothbrush with the infant's name.
- Replace each infant's toothbrush every 3–4 months, when the bristles become worn or frayed, or after an illness.
- Wear a new pair of gloves for brushing each infant's teeth.
- Brush infants' teeth with a smear (grain of rice size) of fluoride toothpaste as soon as the first tooth comes into the mouth.
- When dispensing toothpaste from a tube, put toothpaste for each infant on the rim of a disposable cup or on a clean piece of wax paper, and scoop the toothpaste from there onto the infant's toothbrush. (This prevents the toothbrush from touching the mouth of the tube.) Or, make sure that each infant has their own labeled tube of fluoride toothpaste.
- Rinse each toothbrush and store the toothbrushes in a holder that allows them to air dry (no toothbrush covers) in an upright position without touching each other.



Toddlers (Ages 1–2)

- Make sure that each child has their own child-sized, soft-bristled toothbrush. Label the toothbrush with the child's name.
- Replace each child's toothbrush every 3–4 months, when the bristles become worn or frayed, or after an illness.
- Wear a new pair of gloves for brushing each child's teeth.
- When dispensing toothpaste from a tube, put a smear (grain of rice size) of fluoride toothpaste for each child on the rim of a disposable cup or on a clean piece of wax paper, and scoop the toothpaste from there onto the child's toothbrush. (This prevents the toothbrush from touching the mouth of the tube.) Or, make sure that each child has their own labeled tube of fluoride toothpaste.
- Help children brush their teeth.
- After brushing, have children dribble or spit the remaining toothpaste into a disposable cup, but do not have them rinse. Then have children wipe their mouth with a napkin and place the napkin inside the disposable cup. Throw away the cups and napkins.
- Do not allow children to play with toothbrushes.
- Rinse each toothbrush and store the toothbrushes in a holder that allows them to air dry (no toothbrush covers) in an upright position without touching each other.



Young Children (Ages 3–5)

- Make sure that each child has their own child-sized, soft-bristled toothbrush. Label the toothbrush with the child's name.
- Replace each child's toothbrush every 3–4 months, when the bristles become worn or frayed, or after an illness.
- Wear a new pair of gloves for brushing each child's teeth.
- When dispensing toothpaste from a tube, put a pea-size amount of fluoride toothpaste for each child on the rim of a disposable cup or on a clean piece of wax paper. Have each child scoop the toothpaste from there onto their toothbrush. (This prevents the toothbrush from touching the mouth of the tube.) Or make sure that each child has their own labeled tube of fluoride toothpaste.
- Help children brush their teeth.
- After brushing, have children spit the remaining toothpaste into a disposable cup, but do not have them rinse. Then have children wipe their mouth with a napkin and place the napkin inside the disposable cup. Throw away the cups and napkins.
- Do not allow children to play with toothbrushes.
- Rinse each toothbrush and store the toothbrushes in a holder that allows them to air dry (no toothbrush covers) in an upright position without touching each other.



National Center on
Health, Behavioral Health, and Safety
1-888-227-5125
health@ecetta.info
<https://eclkc.ohs.acf.hhs.gov/health>



ADMINISTRATION FOR
CHILDREN & FAMILIES

November 2021

Promotion and Modeling

- Meet with admin
- Presentation for teachers/staff
- Sign up!
- Offer to model the process
- Oral health education
- Implementation
- Observe and review the process
- Discuss successes and challenges
- Make improvements





Tooth Brushing for the Childcare and Classroom Setting

Oral Health

Oral health is an essential component of overall health. Dental disease is the most common chronic childhood disease. Dental disease is completely preventable with daily oral hygiene, regular dental visits, and the use of preventive methods like fluoride applications and sealants, along with limiting sugary foods and beverages. By implementing a brushing routine into a playgroup setting, parents acquire the oral health literacy and education to know how to take care of their children's teeth from the beginning. By building in a classroom brushing routine, children continue to learn the skills they need to be able to take care of their own teeth and gums, and gain knowledge of why oral health is important.

Establishing a Dental Home

1. Every child should have a first dental visit by age one. This establishes a dental home at a dental clinic or office.
2. Parents can make their child's appointment at any time. It may take a few months to get an appointment, but clinics prioritize seeing children, especially if the child is in pain.
3. Well-Child Dental Visits are available at WIC offices and the Open Door clinic for children under three years old.
4. If a child does not have a dental home (*enter name of agency, childcare center or school here*) will assist the family in establishing a dental home.
5. Contact Ciara Hunt at the Department of Public Health for more information about oral health resources and services available in Humboldt County (707) 476-4924.

Tooth Brushing Safety and Sanitation:

- School or designated program provides each child with his or her own child size, soft-bristled toothbrush, labeled with a permanent marker.
- Toothbrushes are never to be shared and are to be stored upright in toothbrush holders so that they remain open to circulating air in order to dry effectively.
- Toothbrush holders are washed and disinfected monthly by washing it with soap and water, then spraying it with a bleach solution and allowing it to air dry.
- Toothbrushes should never touch another surface or other toothbrushes.
- Contaminated toothbrushes are always thrown away and replaced to control the spread of infection or illness.
- Toothbrush pouches/covers are never to be used and toothbrushes are never disinfected with bleach or run through a dishwasher.
- Toothbrushes are replaced when bristles become severely bent, when there is an illness going through the classroom, and at least every 3 months.
- To avoid cross contamination, toothpaste should never be applied directly from the tube to the toothbrush. (*It should be scooped from a paper cup/towel/plate*).
- Only a pea size amount of fluoridated toothpaste should be used for children 3 and over, and only the size of a grain of rice for children under 3.



Tooth Brushing Program Agreement

Today I received one month of tooth brushing supplies. My tote includes:

- 2 different styles of toothbrush holders with 1 toothbrush holder cover
- A variety of different style toothbrushes
- A variety of different types of toothpaste
- Paper cups
- Napkins
- 1 container of disinfectant wipes
- 1 box of gloves (size medium)
- A copy of the classroom brushing procedure, including *safety and sanitation* protocol
- A classroom brushing checklist and classroom tooth brushing program agreement
- A *Brush, Brush, Brush Board* book or *Potter the Otter Visits the Dentist* book
- A dental puppet with toothbrush
- Other: _____

I will follow the safety and sanitation procedures outlined in the tooth brushing procedure.

Smile Humboldt Staff will check in after 1 month to see if I have implemented a brushing routine into my childcare home.

If I have not implemented a daily brushing routine:

- I may ask for additional support or training *or*
- I will return all of the unused materials

If I have:

- I will continue to receive brushing supplies throughout the entire program year.
- I will initially receive supplies for 1 month of brushing. After one month, I will receive supplies for the next 3 months, and after 3 months, I will receive supplies for the remainder of the year.

Print Name: _____ Sign name: _____ Date: _____

#of children in my childcare home: _____ Ages of children in my childcare home: _____

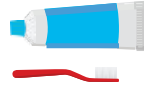
If I have any questions or need additional supplies, I can contact: Ciara Hunt, Health Education Specialist at (707) 476-4924 or chunt@co.humboldt.ca.us



TOOTHBRUSHING

No Water Toothbrushing in Your Child Care Program

Build good oral health habits and reduce the risk of cavities by ending meal or snack time with this simple toothbrushing routine. *This method does not require spitting into a sink or rinsing with water.*



GATHER

- Small paper cups
- Fluoride toothpaste
- Soft bristle child-sized toothbrush labeled with child's name
- Paper towels



SET UP

- Seat children in chairs at a table.
- Set a cup, the child's toothbrush, and a paper towel at each child's place.
- Place a dab of fluoride toothpaste (pea sized for children ages 3 years and up, rice grain sized for toddlers) on the rim of each child's cup.



BRUSH

- Children pick up the dab of toothpaste with their toothbrush.
- Encourage children to brush making small circles or using a back and forth motion.
- Encourage children to brush all tooth surfaces and tongue gently and thoroughly.



CLEAN UP

- Children spit any extra toothpaste into their cups. No rinsing is needed.
- Children wipe their mouths with their paper towels, and place the paper towels in their cups.
- Children put their toothbrushes in their cups.



STORE

- Wear gloves to rinse each of the toothbrushes separately with running water.
- Place toothbrushes upright in a holder with at least two inches of space between slots so that toothbrushes do not touch each other. Wash hands.

Note: Replace toothbrushes every 3 months.



Checklist for Classroom Brushing

I have read the Tooth Brushing Procedure, including the Safety and Sanitation section

I have watched the video at:

<https://eclkc.ohs.acf.hhs.gov/video/steps-toothbrushing-table-growing-healthy-smiles-early-care-education-programs>

I have set a regular time in our daily routine for brushing

I have a designated spot to store the toothbrush holder (out of children's reach)

I have a place to store all other materials needed for brushing:

- Fluoridated toothpaste
- Cups
- Napkins/paper towels
- Cleaning/Sanitation wipes

All toothbrushes are labeled with the children's names

Checklist Continued...

- I have a prep plan for putting toothpaste on individual cups (or another surface other than directly on to the brush) and for distributing materials to children for brushing.
- I am prepared to model tooth brushing for my students and feel comfortable with the procedure. I may use a puppet if I prefer.
- I have a clear plan for children to dispose of their cups/napkins and for toothbrushes to be rinsed and put back into the holder
- I have an approved cleaning solution or wipes to sanitize tables





Oral Health

- By implementing a brushing routine into a playgroup setting, parents acquire the oral health literacy and education to know how to take care of their children's teeth from the beginning.
- By building in a classroom brushing routine, children continue to learn the skills they need to be able to take care of their own teeth and gums, and gain knowledge of why oral health is important.

Classroom Tooth Brushing Survey and Supply Order

Name of childcare home and provider/teacher: _____ Date:

I have implemented a brushing routine around the table Yes No

If no, I will return all unused supplies, or ask for more help.

I need more help/support with classroom brushing Yes No

Please tell me any successes and challenges that you have had with classroom brushing:

Successes: _____

Challenges: _____

I am ready to receive supplies for the next 3 months Yes No

Survey and Supply Order Continued...

This will include:

- toothbrushes
- toothpaste
- paper cups (15 packs of 100 each)
- napkins (3 packs of 500)
- sanitary wipes
- gloves

Please make note of any supplies that you do not need or any other supplies that you do need that are not on this list:



Elementary School Classroom Brushing Supplies for 20 students for One School Year (180 days)

<i>Vendor: School Health</i>						
Product	Total	Item	# Per	\$ Per	Quantity	Price
	Needed	#	Case	Case	to order	
Toothpaste (4.2 oz tubes)	15	1007324	12	\$48.00	2	\$48.00
Toothbrush holder	1	1002759	Holds 20 Toothbrushes	\$18.00	1	\$18.00
Toothbrush holder cover	1	47087		\$7.85	1	\$7.85
Child Toothbrushes	100	1005925	144	\$41.85	1	\$41.85
3 oz. Paper Cups	3,600	21209	100	\$5.04	36	\$181.44
Sani Wipes	1,800	49239	160/Canister, 12 Canisters/Case	\$131.00	1	\$131.00
Multi-fold paper towels	3,600	21423	4000	\$56.22	1	\$56.22
					(w/out ship)	\$484.36

One Student will need approximately 5 toothbrushes; 1 new toothbrush every 3 months, plus 2 extras in case one gets contaminated, or brushes need to be replaced more often due to illness in the classroom. Each student will need 180 cups and 180 napkins; one for each day. Approximately 1,800 sani-wipes (estimating 1 wipe used per 2 desks) will be needed or about 12 canisters. Each classroom will need one toothbrush holder and holder cover.



Supporting Families with Tooth Brushing at Home

- Children under the age of eight do not have the manual dexterity to effectively brush their own teeth, so it is recommended that parents/caregivers assist their children in brushing their teeth at home.
- There are programs available to provide them with information and resources on oral health.
- Dental kits are available for teachers/playgroup leaders or home visitors to borrow. Dental kits include puppets, dramatic play dental props, books, tooth brushing charts, etc. to support children and families with good oral health practices, and to ease anxiety about tooth brushing or going to the dentist.

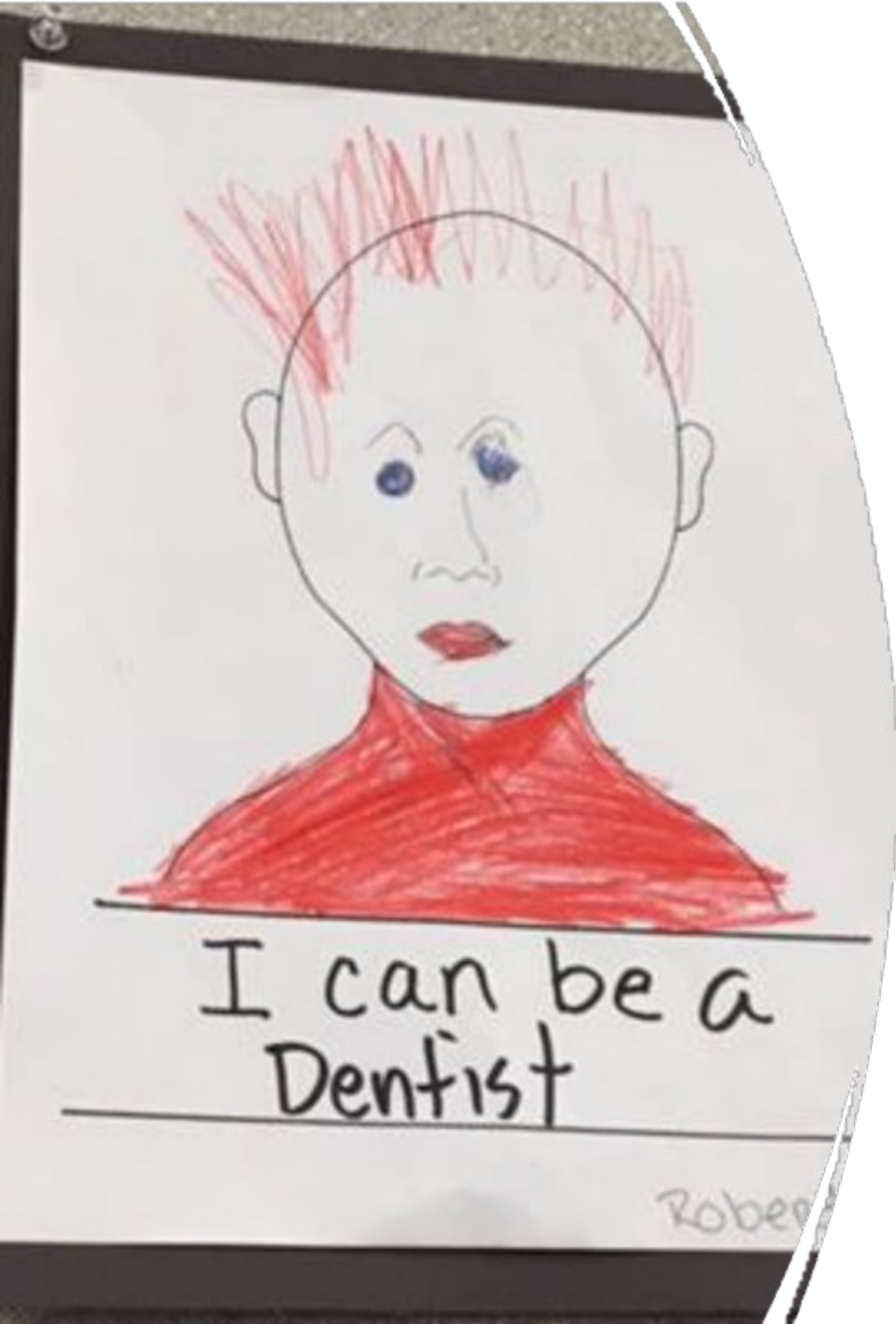
- Children love this activity! –Home day care provider
- Not every student is able to brush their teeth at home so doing it at school has been very successful. –SDC teacher
- Students enjoy it and it is quick and easy. - Elementary school teacher
- We put on a toothbrush song to brush our teeth for 2 minutes. -1st grade teacher
- Students look forward to brushing their teeth. They are brushing for the full two minutes and brushing better. –Pre-K teacher



Shared Success

Ultimate Success

- Over 30 classrooms and childcare homes started “Brush in a Box” toothbrushing routines
- Teachers helping make it fun!
- Children brushing their teeth every day!



Humboldt LOHP Contact

Ivy Huwald, Administrative Analyst

(707) 441-5073

ihuwald@co.Humboldt.ca.us



Thank you, Laura McEwen!

- ❖ Oral Health Champion for over 20 years!
- ❖ Helping to improve the oral health status of Humboldt County residents
- ❖ Mentoring and supporting staff
- ❖ Exuding oral health optimism wherever you go

Congratulations on your retirement!



Looking Back:

San Joaquin County LOHP
Success Story



San Joaquin County (SJC) Success Story

- Leverage partnerships with diverse funding streams
 - Dental Transformation Initiative - First 5 San Joaquin
- Multipurpose Partnership
 1. Community Collaborative: San Joaquin Treatment & Education for Everyone on Teeth & Health (SJ TEETH)
 2. Extend Reach: Combine funding to reach more children and families



SJC Success: Educational Campaigns

- Nothing Beats Water
- “Success Story” social videos
- Co-branding with Smile, CA
- Stella’s Shiny Smile
 - Graphic novel
 - Billboards & market ads
 - Paid and organic social campaigns
 - Kindergarten Oral Health Assessment (KOHA)



Graphic Novel Field Testing



**Max's Journey
to the Dentist**
**La Aventura
de Max Rumbo
al Dentista**

**Keeping My
Teeth Healthy,
Healthy,
Healthy!**

**¡Cómo
mantener
mis dientes
saludables,
saludables,
saludables!**



Stella's Campaign Launch



Stella's Strengths



Floss, floss, floss

Brush, brush, brush



- Repeated words aid in memory and language development
- Can be part of a Brush, Book, Bed routine
- Available in multiple languages
- LOHPs can cobrand Stella or translate to other languages at own expense
- Free to download at SJTEETH.org



Resources

Spotlight

Stella Activity Kits Coming Soon!



Stella's Shiny Smile Activity Kit



Welcome to Stella's Shiny Smile Activity Kit! Inside you'll find:

- 1 - Stella hand puppet
- 1 - Good things come in 2s! Memory Game
- 1 - Stella's Shiny Smile book

The Stella's Shiny Smile Activity Kit can be used by home visitors, teachers, and other service providers working with young children and their families to promote healthy dental habits!



Learning Goal:

Upon completing the activities included in this kit, children will better understand:

- Key dental hygiene messages (brush two times a day for two minutes, floss, etc.).
- Basic brushing techniques.

ACTIVITY #1: Read Stella's Shiny Smile with Stella the Puppet

Use Stella the puppet to read Stella's Shiny Smile with a child. An adult can use Stella the puppet to read along, page by page, and allow Stella to do the story telling.

Consider using other props like a toothbrush or floss as you follow Stella's journey to a shiny smile!



Thank You

Katelynn Peirce, MPH, CHES

kpeirce@sjcphs.org

(209)468-8620



SJTEETH.org

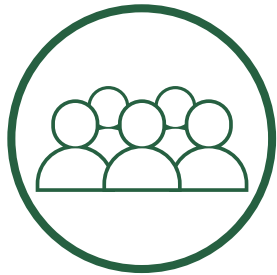
Tuolumne County & UCSF Dental Public Health Resident Partnership



University of California
San Francisco



Snapshot of Tuolumne County



Population
54,147



Median Age
48.7



Education: Some College
41%



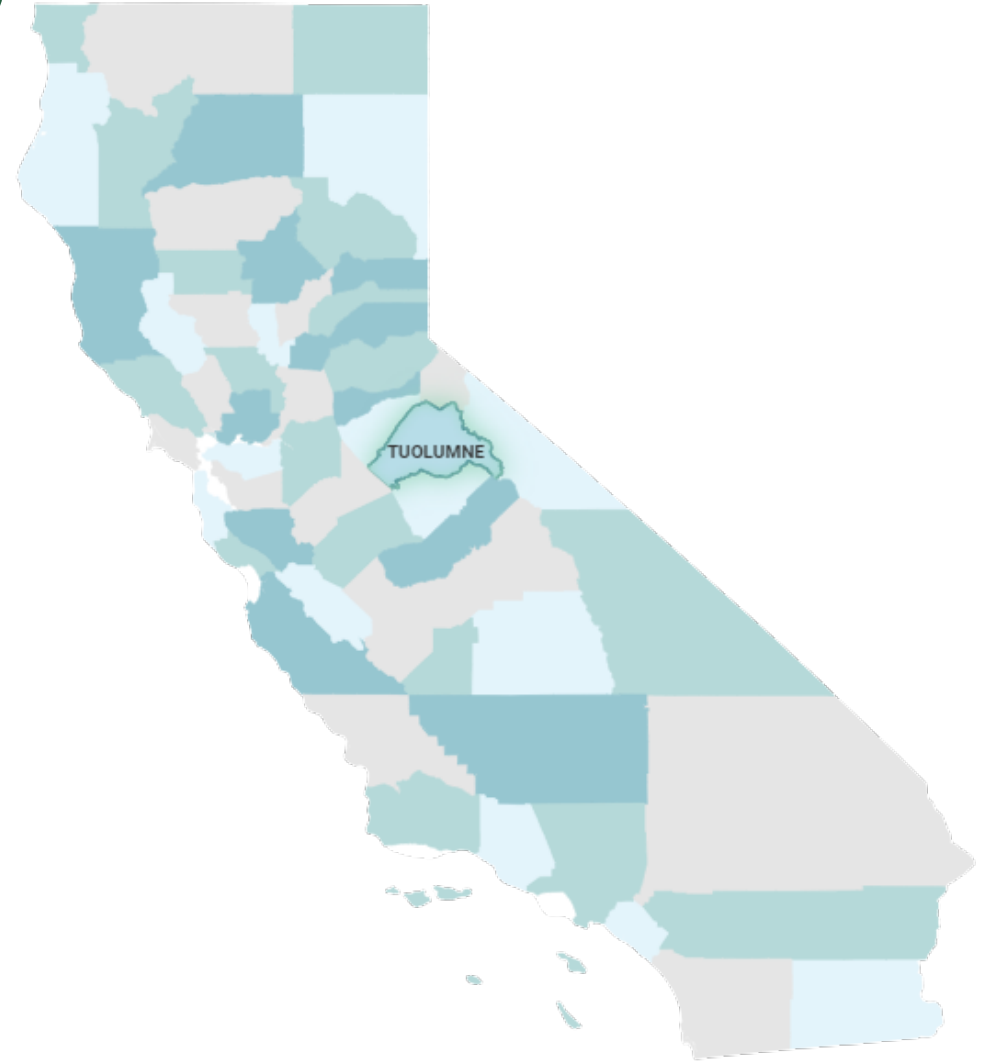
Median Household Income
\$60,509



Avg. Household
2.2



Medi-Cal Enrollment
23%



Data from: Tuolumne County Community Profile

What is Dental Public Health?

- The science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts
- Focus on:
 - Dental health education with applied dental research
 - Administration of group dental care programs
 - Prevention and control of dental diseases

How the Partnership began

- Community connection to UCSF
- Provide Dental Public Health graduate students with experience
- Affiliation Agreement
- Program objectives

Impact of LOHP - DPH Program in Tuolumne County

- Support program activities
- Provide clinical perspective
- Share current research on relevant oral health topics
- Bring innovative ideas
- Promote program growth

DPH Projects

- DMFS screening form pilot
- DMFS data analysis
- Program evaluation
- Educational presentations
- Community outreach and trainings



Finding opportunities in your community

- Reach out to local providers
- Find a contact at a local college or university
- Create an internship opportunity in your department

Thank you!

Amelia Do-Golden

ado-golden@co.tuolumne.ca.us

(209) 533-7417



Tuolumne County Oral
Health Program

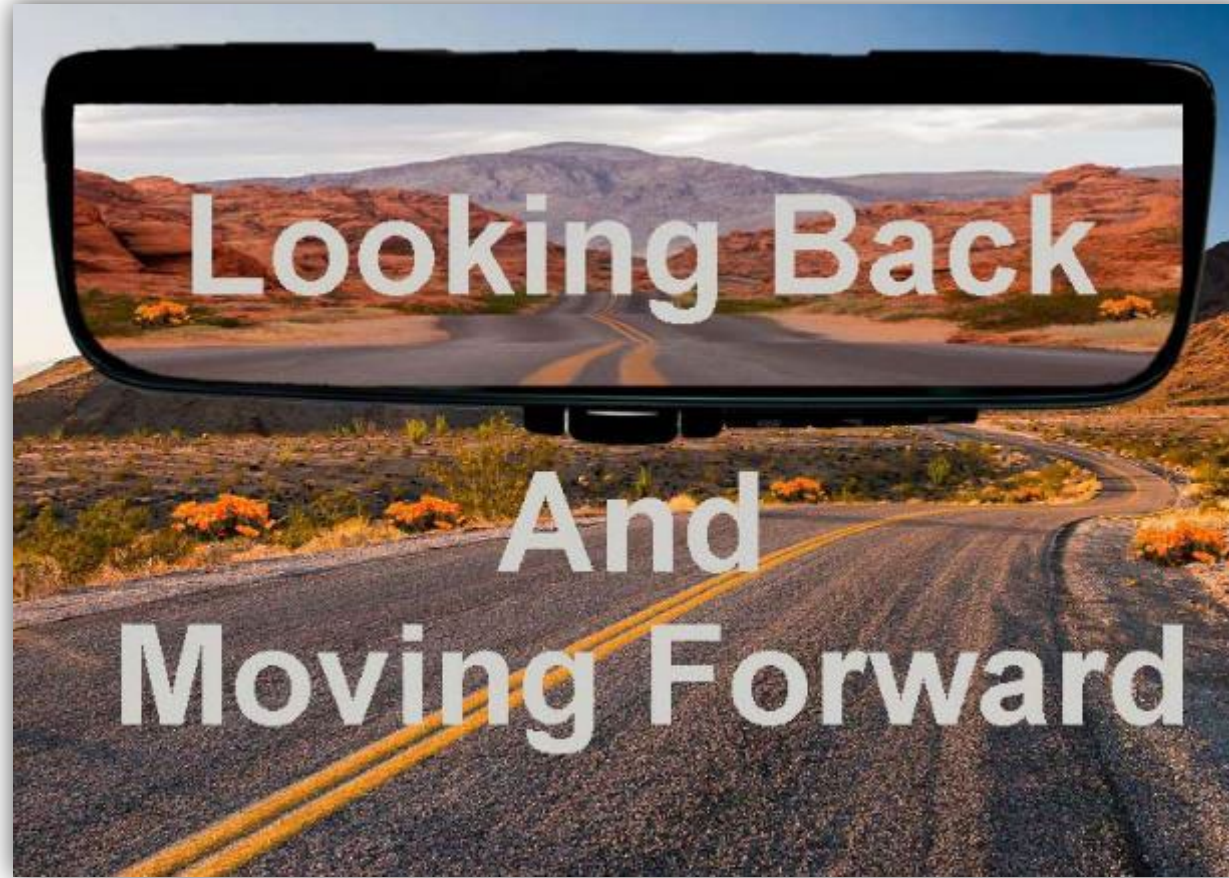


UCSF Open Smiles

Menti Poll

- [Www.Menti.com](http://www.Menti.com)
- Question: What tool or resource was most helpful for your LHJ over the past 5 years?

Moving Forward: 2022 – 2027

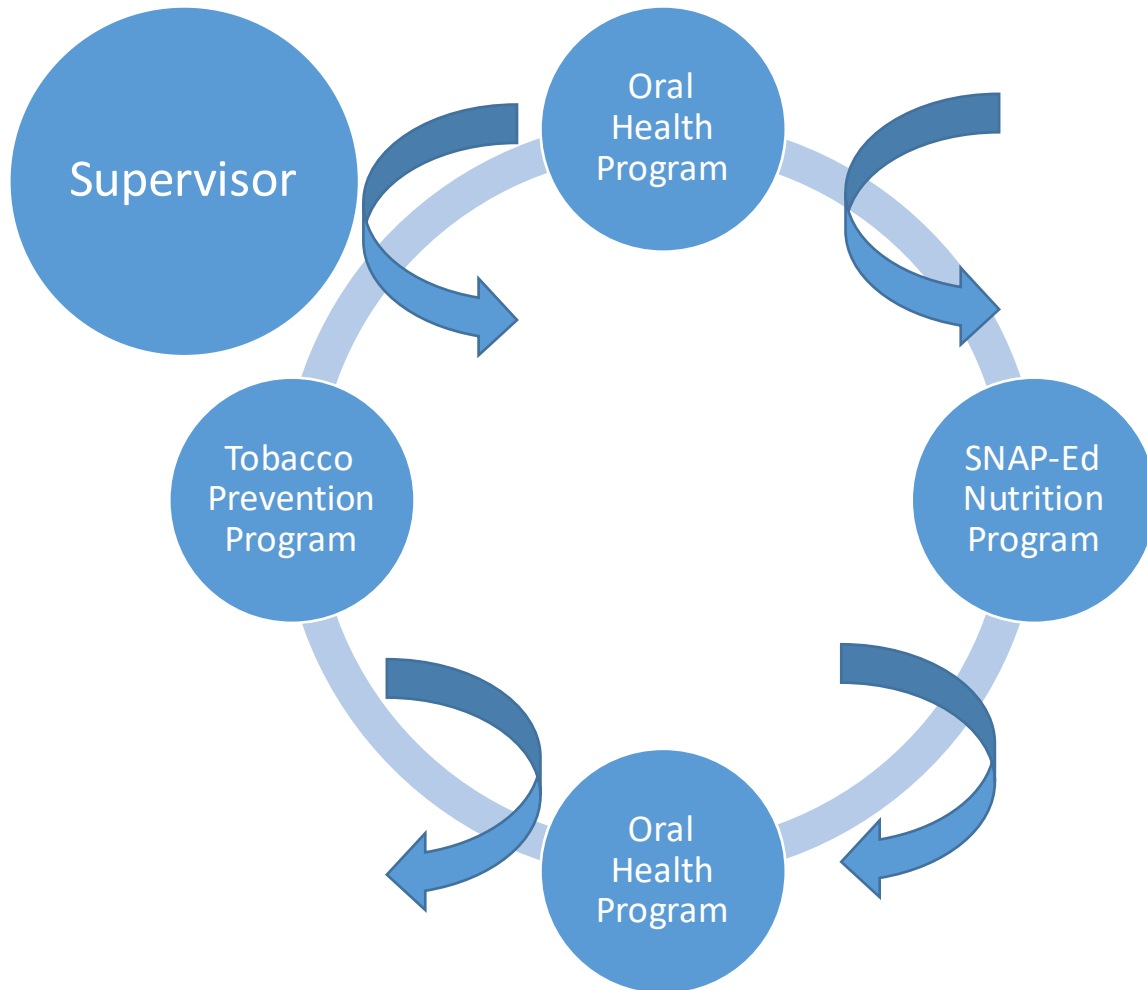


Integrating Oral Health with Other Local Programs



- **Group Presentation**
 - El Dorado, Marin, San Joaquin, Tuolumne

El Dorado County: Health Education & Promotion Team



Benefits of co-locating programs:

- Leverage knowledge from entire team
- Streamline efforts & messaging
- Optimize coordination efforts
- Reduces duplication of services
- Best management of resources
- Align work plans across programs
- Cross-train/Employee Satisfaction
- Increase community reach
- Promote teamwork!



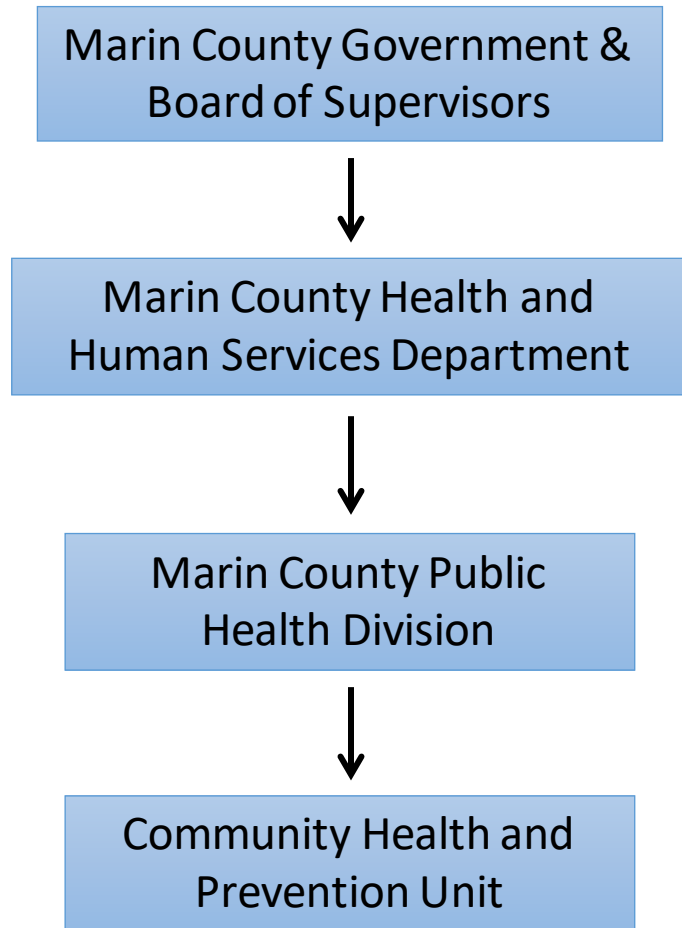
Integrating Oral Health with Other Local Programs

Marin County Local Oral Health Program

Danika Ng, MPH

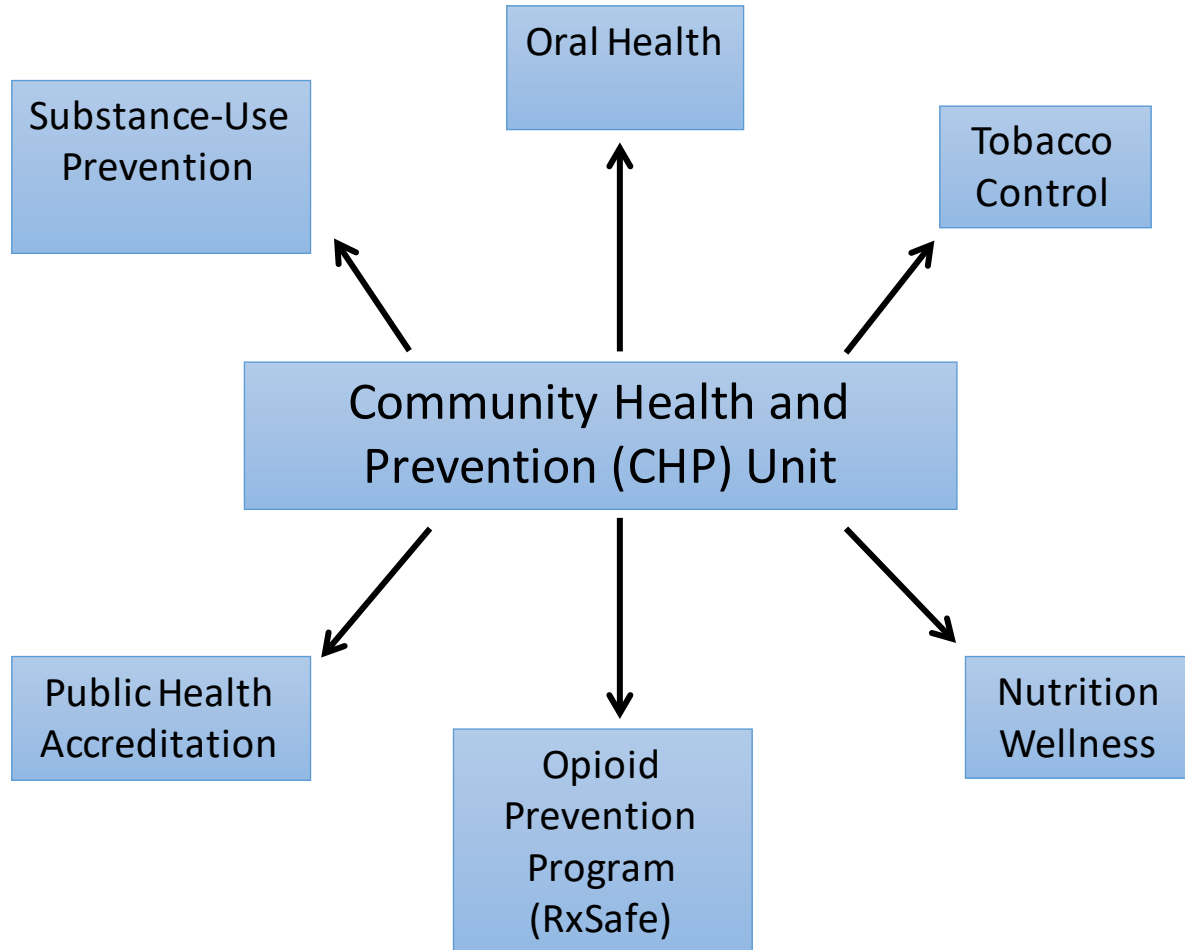
Senior Program Coordinator

Marin Oral Health Program Organizational Structure



- Since the beginning of the program, the Marin LOHP has been housed within Marin County's Community Health and Prevention Unit
- Within this same specific unit is housed:
 - Nutrition Wellness (including HEAL and NEOP)
 - Tobacco Control
 - Substance-Use Prevention
 - Opioid Prevention Program (RxSafe Marin)
 - Public Health Accreditation/Community Health Improvement Plan (CHIP)

Marin Oral Health Program Organizational Structure



- While our CHP unit houses multiple programs, it operates under the cornerstone of **collaboration between organizations**
- Partnerships within other CHP teams were key considerations when creating our Oral Health Workplan: **How can we capitalize on partnerships and programs to move the work forward?**
- Partnership typically translates into a few categories of support:
 - Volunteering/outreach support
 - Content expertise support
 - Dissemination of developed materials, including communication and education

Partner Program Contributions to Oral Health Program

Nutrition Wellness

- Team members sit on workgroups and advisory committee
- Provide content knowledge towards nutrition and education
- Support outreach and programs as volunteers

Tobacco Control

- Team members update workgroups on tobacco issues
- Provide content knowledge and help develop tobacco-specific oral health messaging
- Support outreach and programs as volunteers

RxSafe Marin

- Team members update Oral Health workgroups on opioid and oral health overlap
- Support outreach and programs as volunteers

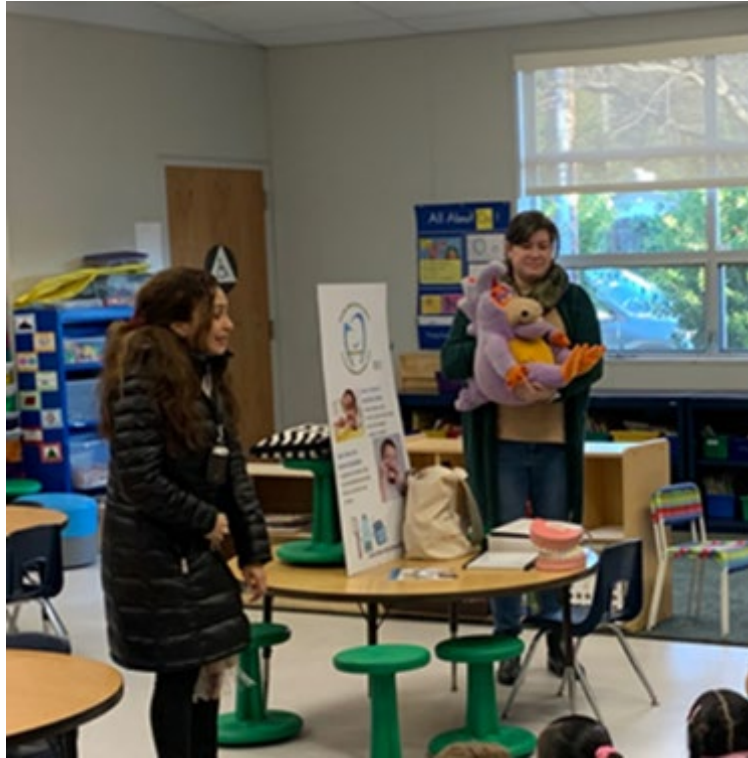
Public Health Accreditation

- Support outreach and programs as volunteers
- Assist in providing connections between community-based organizations and oral health team.

Substance-Use Prevention

- Team members update Oral Health workgroups on substance use and oral health overlap
- Support outreach and programs as volunteers





Oral Health Contributions to Partner Programs

Nutrition Wellness

- Volunteer support at Nutrition Wellness Events
- Provide oral health material support at events, such as dental kits and oral health education related to healthy eating and drinking

Tobacco Control

- Provide opportunities for Tobacco team to speak at oral health convenings
- Provide updated news and guidance to the tobacco team surrounding oral health and tobacco usage

RxSafe Marin

- Volunteer support at RxSafe Marin events
- Provide oral health and material support for outreach, such as dental kits and access to care resources

Public Health Accreditation

- Provide expertise surrounding oral health metrics in Marin County to inform the Community Health Improvement Plan implementation process

Substance-Use Prevention

- Provide updated news and guidance to the substance-use prevention team surrounding oral health and substance usage

Examples of Oral Health Support with Partners

- Provided dental kits for all attendees to take at the Marin County Vision Clinic Event on May 15th
- Sit on the Tobacco, Alcohol, and Nutrition (TAN) Workgroup for Marin County Health and Human Services
- Provide Oral Health education for parents and families for distribution by our Nutrition Wellness Team and Tobacco Control Team
- Support our Nutrition Wellness Team with dental kits and dental bags during a Christmas-Clinic workshop for low-income families and parents
- Provided toothbrushes and oral health education to unhoused individuals during Naloxone outreach events with RxSafe Marin

Moving Forward - San Joaquin County

- Collaborate with existing community partners
- Combine resources to maximize reach



Moving Forward - San Joaquin County

- Seek out new opportunities to expand program impact
- Maintain close partnership with tobacco and nutrition programs





Famer's Market outreach with CalFresh Healthy Living Program for Kid's Day



Playdate in partnership with Infant/Child Enrichment Services (ICES) for 0-5 Kids



Education at Youth Centers in partnership with Parks & Rec and Library Departments



Story time in partnership with Parks & Rec and Library Departments



Oral Health Education in partnership with Tobacco Control



Halloween event with Social Services Department



Providing oral health resources at vaccination events



Back to school events in partnership with TCSOS and Smile Keepers

Tuolumne County Community Partners

- Smile Keepers
- CalFresh Program
- MCAH
- Tobacco Control
- WIC

- Social Services
- Library & Parks Dept.
- TCSOS
- ATCAA
- ICES

Tips for Integrating Oral Health with other Local Programs

- Communication
 - Sharing your program goals and ideas for events
- Join Coalitions
 - Learn what other programs are doing and give/receive feedback on oral health efforts in your community
- Awareness of Community Events
- Outcomes:
 - Community interest and awareness of oral health program
 - Referrals from other programs and agencies
 - One-on-One education and connections to dental homes



Opportunities to leverage funding resources – existing and pending - to move oral health plans forward

Presented by Eileen Espejo, Senior Managing Director, Health
Children Now

LOHP Project Director Meeting, 6/14/2022

Existing vs. Pending Funding Sources

Existing

- FFP match
- Medi-Cal managed care plans
 - initial dental health assessments
 - referral to a dental provider
 - fluoride varnish application (to kids 0-21)
 - transportation to non-medical (i.e. dental appointments)

Other

- Medi-Cal managed care and Dental Administrative Service Organization contracts

Passed by Senate and Assembly on 6/13/22

- Public Health Infrastructure (\$300M ongoing)
- Health Equity & Racial Justice Fund (\$75M/year)
- Workforce Development (\$195.5M over 4 years) for public health workforce
- Proposal to Sunset Child, Health & Disability Prevention Program (CHDP)

More to Consider...

- Community Health Worker benefit
- Doula benefit
- CalAIM
- Philanthropic Sources
 - First 5
 - Community foundations
 - Oral health focused foundations

Local Assistance Funding – Public Health Infrastructure \$

- \$200 million General Fund annually for LHJs to enhance their public health infrastructure.
- LHJs will receive a minimum base allocation of \$350,000, which is based on an LHJs' population-based share (50 percent), Race Ethnicity index (25 percent) and the Poverty Index (25 percent).
- While LHJs may have more individualized investment areas of focus to meet their local community needs, additional resources should broadly include the following elements:
 - Workforce Expansion—To strengthen local public health department staffing and to fortify priority areas identified during the pandemic.
 - Data Collection and Integration—To standardize the collection and integration of data to develop actionable information that can guide local decision-making.
 - Community Partnerships—To expand local partnerships with health care delivery systems and community-based organizations, including faith-based organizations, in order to marshal all resources to drive system change.

What to do now?

- Meet with county executives to prioritize LOHP for funding
- Align provision of funding with your plan:
 - Workforce Expansion
 - Data Collection and Integration
 - Community Partnerships
- Connect with County Board of Supervisors, Public Health Commissions and their (health) staff
- Raise awareness among your local oral health coalitions
- In case needed, activate local oral health coalition partners to help with bullets 1 & 3

Child, Health and Disability Prevention (CHDP) Program Sunset



What to do now re: CHDP

- Determine how CHDP should function in partnership with Medi-Cal Managed Care Plans
 - Pediatric provider training (e.g. fluoride varnish)
 - Care coordination to dental services
 - Working in partnership to ensure access for high priority populations
 - ?

Thank You!

EILEEN ESPEJO

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Looking Ahead – What's Next

Goal: Reducing children's oral health disparities

- Implement evidence-based and evidence-informed programs
- Promote PSE changes (policy, systems, environment)
- Explore funding opportunities
- Build partnerships





Thank you



Menti Poll

- www.Menti.com
- Question: What OH activity are you most excited to work on in the next five years?

Thank You, LOHP Workgroup Members!

- El Dorado – Kristin Becker, Theresa Fagouri
- Marin – Danika Ng
- Riverside – Sandra Velasco
- San Joaquin – Katelynn Peirce, Monica White
- Santa Barbara – Jennyffer Rivera
- Shasta – Ayah Ali
- Tuolumne – Amelia Do-Golden

