Curriculum on Dental Care Coordination
(For Community Dental Care Coordinator Workforce)
2020
This Guide was developed by the Office of Dental Health

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Disclaimer: All photos were taken prior to the COVID-19 global pandemic.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>4</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>5</td>
</tr>
<tr>
<td>Introduction</td>
<td>7</td>
</tr>
<tr>
<td>Background</td>
<td></td>
</tr>
<tr>
<td>Alameda County’s LDPP: HTHC</td>
<td></td>
</tr>
<tr>
<td>Community Dental Care Coordinator Workforce</td>
<td></td>
</tr>
<tr>
<td>Community Dental Care Coordinator Training Curriculum</td>
<td></td>
</tr>
<tr>
<td>General Training Plan</td>
<td>13</td>
</tr>
<tr>
<td>Module 1: Overview of HTHC, Dental Care Coordination and Oral Health Disparities</td>
<td>18</td>
</tr>
<tr>
<td>Module 2: Basic Dental Terminology and Oral Health Care for Ages 0-5 Years</td>
<td>34</td>
</tr>
<tr>
<td>Module 3: Oral Health Care for Ages 6-20 Years</td>
<td>53</td>
</tr>
<tr>
<td>Module 4: Oral Health Care for Children with Special Needs and Pregnant Women</td>
<td>67</td>
</tr>
<tr>
<td>Module 5: Oral Health Education</td>
<td>75</td>
</tr>
<tr>
<td>Module 6: Effective Communication</td>
<td>85</td>
</tr>
<tr>
<td>Module 7: HIPAA, PHI, Privacy, Confidentiality and Security</td>
<td>102</td>
</tr>
<tr>
<td>Module 8: Principles of Dental Care Coordination</td>
<td>112</td>
</tr>
<tr>
<td>Module 9: Protocols and Tools of Dental Care Coordination</td>
<td>124</td>
</tr>
<tr>
<td>Module 10: Data Collection, Data Entry and Reporting</td>
<td>135</td>
</tr>
<tr>
<td>References</td>
<td>147</td>
</tr>
<tr>
<td>Appendix 1: Satisfaction-Evaluation Survey</td>
<td>148</td>
</tr>
<tr>
<td>Appendix 2: Sign-in sheet</td>
<td>149</td>
</tr>
<tr>
<td>Appendix 3: Dental Public Health</td>
<td>150</td>
</tr>
<tr>
<td>Appendix 4: Glossary</td>
<td>153</td>
</tr>
<tr>
<td>Appendix 5: Forms</td>
<td>154</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

This Guide For Trainers was developed for the Healthy Teeth Healthy Communities (HTHC) project of the Office of Dental Health (ODH) of Alameda County Public Health Department (ACPHD).

HTHC was a Local Dental Pilot Program (LDPP) of the Dental Transformation Initiative (DTI), funded by the California Department of Health Care Services (DHCS). HTHC project period was from April 2017 to December 2020.

A dental care coordination curriculum was created and offered to community health workers called the Community Dental Care Coordinators (CDCCs) during the HTHC project period.

This Guide For Trainers was written in 2020 by ODH staff Dr. Suhaila Khan, Dr. Quamrun Eldridge, Dr. Deanna Aronoff, and consultants Dr. Ronald Yee and Dr. Jared Fine. Some graphics were designed by Kerri Chen. This Guide is based on the lessons learned from the training given in 2017 and the experiences from the actual dental care coordination field-work done by the CDCCs during 2018-2020.

In 2017, the original curriculum was conceptualized and developed by an Advisory Committee and the training was conducted by ODH. ODH convened and led the CDCC Curriculum Advisory Committee. The committee members consisted of dentists, public health specialists, evaluators, and researchers from ODH, ACPHD, Center for Healthy Schools and Communities, First 5 Alameda County, Tiburcio Vasquez Health Center, and UCSF School of Dentistry. The advisory committee meetings were facilitated by Health Outreach Partners. ODH personnel were Dr. Baharak Amanzadeh, Tracey Andrews, Dr. Suhaila Khan, Dr. Liz Maker, Yilak Fantaye and consultant Dr. Jared Fine. A wide range of committee members were engaged in the development of the training materials to ensure that the content was appropriate for dental care coordination in a community setting.

Any content used from this document should be referenced as follows:
EXECUTIVE SUMMARY

Alameda County Office of Dental Health (ODH) was one of the funding recipients of the Local Dental Pilot Program (LDPP), which was a project of the Dental Transformation Initiative (DTI) administered by the California Department of Health Care Services (DHCS). Alameda’s LDPP is called the Healthy Teeth Healthy Communities (HTHC). HTHC was funded for $19.7 million from April 2017 to December 2020. ODH led the HTHC project and increased access to and utilization of preventive dental care for Alameda County Medi-Cal beneficiaries ages 0-20 years. This goal was achieved by building a new county-wide dental care coordination system through 3 actions and 3 sub-actions.

The three actions were:
- Create a Community Dental Care Coordinator (CDCC) workforce.
- Create a network of dentists called the Community of Practice (COP).
- Create an online database: Care Coordination Management System.

The three sub-actions were:
- Continuous quality assurance of all areas of the project.
- Effective leadership, administration, and multi-level communications.
- Build and utilize collaborations across public-private organizations.

The HTHC used a collective impact model that incorporated dental public health principles, and addressed the barriers that contribute to low access and utilization of dental care by Medi-Cal beneficiaries ages 0-20 years.

Create CDCC Workforce
The CDCCs were the bridge that connected the families, providers, and systems for increasing access to dental care. 26 culturally and linguistically sensitive CDCCs from 14 agencies (includes FQHC dental clinics) were hired and trained to conduct dental care coordination for Medi-Cal beneficiaries ages 0-20 years. These were para-professionals similar to community health workers.

In order to build an efficient CDCC Workforce, HTHC took the following actions:
- Developed a training curriculum and offered the training to help increase knowledge and skills related to dental care coordination to serve the target population.
- Developed tools and benchmarks to help the CDCCs with their tasks.
- Built public-private partnerships among the County, the CDCCs, FQHCs, private dental offices, and other community partners in Alameda County.
- Formed a learning network to support the CDCCs, share best practices, discuss lessons learned and problem solve, and quality assurance.
**CDCC Curriculum**
This is a 42 hour curriculum with 10 modules. The curriculum is for paraprofessionals of a wide range of skills and experiences, from beginners to staff with much experience. This curriculum covers the following topics:

- overview of HTHC project
- dental care coordination
- oral health disparities
- basic dental terminology
- oral health care for children and youth ages 0-20 years
- oral health care for children with special needs and pregnant women
- oral health education
- effective communication
- privacy, confidentiality, PHI & HIPAA
- data collection, data entry, and reporting

This curriculum/Guide For Trainers was written based on the lessons learned from the 2017 training sessions and the field experiences of the CDCCs during 2018-2020.

This curriculum can be used by any organization or institution who wants to provide community based dental care coordination via community health workers (or similar para professional). These organizations may be County, State, dental societies, etc.
INTRODUCTION
Dental Care Coordination Can Increase Access and Utilization of Dental Care

Background

California’s Medicaid program is called Medi-Cal. One of the neglected areas in Medi-Cal is dental health and early childhood caries risk. There is a need to increase access to dental care statewide to reduce early childhood caries. Two State reports highlighted the need to increase access to dental care and improve California’s Medi-Cal Dental Program. The 2014 State Audit Report discussed that fewer than 50% beneficiaries under age 21 years had accessed the Medi-Cal Dental Program. After the audit report, the State Legislature convened the Little Hoover Commission. The Commission took written and oral testimonies to better understand the reasons for the failing Medi-Cal Dental Program. Based on their findings they published a report in 2016 and listed the barriers to access to care. These barriers were related to patients, providers, and systems.

The two reports led to an investment from the California Department of Health Care Services (DHCS) via California’s Section 1115(a) Medicaid Waiver, entitled Medi-Cal 2020. This investment in oral health was called the Dental Transformation Initiative (DTI) and included Local Dental Pilot Programs (LDPP). DTI invested in several counties to improve the dental health for Medi-Cal children by focusing on “high-value care, improved access, and utilization of performance measures to drive service delivery system reform in the hope to increase the use of preventive dental services for children, prevent and treat more early childhood caries, and increase continuity of care for children” (DHCS 2020).

Alameda County Office of Dental Health (ODH) was one of the LDPPs. Alameda County’s LDPP is called the Healthy Teeth Healthy Communities (HTHC). HTHC received $19.7 million from April 2017 to December 2020. The funding enabled ODH to implement and build an effective county-wide Dental Care Coordination program that led to increased access to (and utilization of) preventive dental care and increased continuity of care for Medi-Cal eligible or enrolled children-youth ages 0-20 years. It was a county-wide initiative with 41 partners [17 agencies (including FQHC dental clinics) and 24 private dental offices].

The HTHC model incorporated lessons learned from ODH’s existing dental care coordination programs (e.g. WIC Dental Days, Healthy Smiles, Healthy Kids Healthy Teeth). ODH was already practicing two key dental public health principles:

1. focus on improving oral health care for the population instead of the individual patient; and
2. focus on preventive oral health care rather than treatment.
A Venn diagram below shows how three barriers to care factors intersect. The Little Hoover Commission Report indicated that if the barriers related to these three factors are removed, then, access to care will improve. It is apparent that if a system of care could facilitate removal of the barriers and strengthen the interactions of these three entities, that might increase access to care and thus lead to reduced childhood caries. The HTHC model encompasses this hypothesis.

![Venn Diagram]

Alameda County’s LDPP: Healthy Teeth Healthy Communities (HTHC)

**Goal**
To increase access to preventive dental care services for Medi-Cal children-youth ages 0-20 years in Alameda County.

**Objective**
By the end of the project year 15,000 children will utilize dental care. This will be achieved by creating and implementing a new model of county-wide dental care coordination system in Alameda County.

**Actions**
1. Create a Community Dental Care Coordinator (CDCC) workforce.
2. Create a network of dentists called the Community of Practice (COP).
3. Create an online database: Care Coordination Management System.

**Sub-actions**
1. Continuous quality assurance.
2. Effective leadership, administration, and multi-level communications.
3. Build and utilize collaborations across public-private organizations.
Below is a graphical presentation of HTHC’s new county-wide Dental Care Coordination system. The Community Dental Care Coordinators (CDCCs) play a key role in this system; they are the liaison between the dental providers, clients and systems. The dental care coordination is supported by continuous quality assurance, leadership-administration-communication-partnerships and data. This HTHC model reflects the dental public health principles and the barriers to access (mentioned in the Little Hoover Commission Report) that need to be overcome to increase access to and utilization of dental care by Medi-Cal beneficiaries. Although this model was developed for families with children-youth age 0-20 years, it can be used for dental care coordination for any target population (e.g. adults, seniors, children with special needs, pregnant women, or homeless).

![Dental Care Coordination System](image)

**Community Dental Care Coordinator (CDCC) Workforce**

Dental Care Coordination was key to the HTHC model, thus creating a dental care coordinator workforce was vital. Alameda County’s Office of Dental Health believed that dental care coordination can increase access to care. And the HTHC model was able to demonstrate that linguistically and culturally sensitive Community Dental Care Coordinators (CDCC) were effective in increasing access to and utilization of preventive dental care services for Medi-Cal eligible and enrolled population ages 0-20 years in Alameda County. The CDCCs were the bridge connecting the three access to care factors related to clients, providers, and systems. There were 26 CDCCs in this workforce hired by 14 HTHC partners.

**Definition of Dental Care Coordination**

Dental Care Coordination is a family-centered, assessment-driven, and team-based activity designed to meet the needs of families (with children-youth) while enhancing the family's ability to navigate the health and social service system, and access dental health and other services and resources.
8 Steps of Dental Care Coordination

1. Initial contact – connection with clients via outreach, inreach, referral, etc,
2. Enrollment of client in program (i.e. sign consent form)
3. Set up appointment with dental offices
4. Remind client about appointment
5. Accompany client to 1st dental appointment
6. Follow-up after dental appointment – with dental office and client
7. Continuity of care – make preventive care appointment 6 months to 1 year later
8. Visit dental offices at least twice a month to build and nurture relationship with dental office staff and collect data

Definition of Community Dental Care Coordinator (CDCC)

A community health worker or similar paraprofessional who conducts dental care coordination.

A CDCC connects with the patients, providers, and systems; works closely with families; identifies dental care needs of the families; and organizes dental care for the families with the dental providers.

CDCC Job Responsibilities

1. Conduct outreach and in-reach to find families with children who are on Medi-Cal or Medi-Cal eligible.
2. Educate families about oral health.
3. Educate families about using Medi-Cal dental services.
4. Assist families with dental appointments e.g.
   a. scheduling and showing up
   b. accompany clients to 1st appointments
   c. conduct follow-up calls
5. Establish and maintain a good working relationship with dental providers and dental provider office staff.
6. Collect and enter data in the HTHC online database.
7. Attend project trainings-meetings as scheduled.

In order to build an efficient CDCC Workforce, HTHC took the following actions:

- Developed a training curriculum and offered the training to help increase knowledge and skills related to dental care coordination to serve the target population.
- Developed tools and benchmarks to help the CDCCs with their tasks.
- Built public-private partnerships among the County, the CDCCs, FQHCs, private dental offices, and other community partners in Alameda County.
- Formed a learning network to support the CDCCs, share best practices, discuss lessons learned and problem solve, and quality assurance.

Ideal Skills of a Community Dental Care Coordinator

An ideal Community Dental Care Coordinator is a community health worker/field staff or similar para-professional with skills and knowledge related to interpersonal, communications, and public
health programmatic attributes. Any community health worker with these attributes can be trained in Dental Care Coordination – dental knowledge is not a prerequisite. These skills may be:

**Interpersonal**
- A strong desire to help others and the ability to establish trusting relationships.
- Interest in working with multi-stressed and multicultural families and communities, and in dental programs and offices.
- Cultural sensitivity and/or linguistic competency.

**Communications**
- Good communication skills to motivate families to seek dental care.

**Programmatic**
- Ability to establish and maintain effective working relationships with families, dental offices, and with the general public in a variety of ethnic and cultural communities.
- Knowledge and experience of conducting outreach/inreach.
- Knowledge of basic data collection and data entry skills.

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### Community Dental Care Coordinator Training Curriculum

**Purpose**
1. To create a strong and effective Community Dental Care Coordinator workforce who can work with Medi-Cal beneficiaries to increase access to and utilization of dental services.
2. To increase the knowledge, skills, capacity, confidence, and competence of this new workforce to conduct dental care coordination.
3. To create and maintain high quality dental care coordination standard across all partner agencies participating in the HTHC project.

**Overview**
This curriculum can be used by any organization or institution who wants to utilize community dental care coordinators. This curriculum is a useful resource for Dental Public Health programs and is designed to help trainers to provide training to dental care coordinators.

Some features of the curriculum are:
- The training sessions include in-person sessions.
- There are 10 modules in the training course.
- This curriculum is for paraprofessional of a wide range, from beginners to staff with much experience.
The total estimated hours shown in the Table above do not include time for registration, breaks, and lunch. These times will be decided by trainer and organizer and that will increase the total training hours.

<table>
<thead>
<tr>
<th>Module</th>
<th>Duration</th>
<th>Duration in Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1</td>
<td>Overview of HTHC Project, Dental Care Coordination, and Oral Health Disparities</td>
<td>5 hr</td>
</tr>
<tr>
<td>Module 2</td>
<td>Basic Dental Terminology and Oral Health Care for Ages 0-5 Years</td>
<td>6 hr</td>
</tr>
<tr>
<td>Module 3</td>
<td>Oral Health Care for Ages 6-20 Years</td>
<td>4 hr</td>
</tr>
<tr>
<td>Module 4</td>
<td>Oral Health Care for Children with Special Needs and Pregnant Women</td>
<td>3 hr</td>
</tr>
<tr>
<td>Module 5</td>
<td>Oral Health Education</td>
<td>4 hr 30 min</td>
</tr>
<tr>
<td>Module 6</td>
<td>Effective Communication</td>
<td>5 hr</td>
</tr>
<tr>
<td>Module 7</td>
<td>HIPAA, PHI, Privacy, Confidentiality and Security</td>
<td>2 hr 30 min</td>
</tr>
<tr>
<td>Module 8</td>
<td>Principles of Dental Care Coordination</td>
<td>3 hr</td>
</tr>
<tr>
<td>Module 9</td>
<td>Protocols and Tools of Dental Care Coordination</td>
<td>5 hr</td>
</tr>
<tr>
<td>Module 10</td>
<td>Data Collection, Data Entry and Reporting</td>
<td>4 hr</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>42 hr</strong></td>
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</table>
GENERAL TRAINING PLAN

Duration of Training
This is a 42-hour training plan.

Location of Training Facility
Needed: yes
The size of the training facility will depend on the number of trainees. The HTHC project had 26 community dental care coordinators (CDCC), 14 supervisors, and about 4 project staff. So, the facilities should consider accommodating 40+ people. The setting should be classroom style with tables and chairs. The facility should also have audio-visual (A/V) equipment or connections for A/V equipment. There are several modules with small group breakout sessions. So, the facility should have the flexibility to move around tables and chairs and reorganize them as needed.
Original location was Alameda County Office of Dental Health, 1000 Broadway, Oakland, CA 94607, Room 5000A-5000B or 310A-310B.

Registration of Training Participants
Needed: yes
Registration should be done at least 7 days before the day of the training.
Sign-in of participants should be done at the beginning of each training day (for County recording).

Training Team
Needed: yes
The training team should consist of a facilitator, a trainer/s, a notetaker/timekeeper, and an administrative staff for each module. The notetaker will also be the timekeeper. The facilitator and trainer should be different persons so the trainer can focus on the training content. The training team should also consist of administrative staff who will be responsible for all the logistics. For group discussion multiple facilitators and note-takers need to be considered.

Responsibilities of Training Team
Responsibilities of Facilitator:
• The facilitator will assure that the overall training runs smoothly including the logistics. For group discussion multiple facilitators and notetakers need to be considered. The facilitator needs to arrive at least 1 hour before the start of the training session.

Responsibilities of Notetaker/Timekeeper:
• The notetaker is needed to capture the discussions that take place and the questions that come from the participants. Notetaker will also be the timekeeper.
Responsibilities of Organizing/Administrative Staff:

Please see the check list below. This checklist will help the administrative staff to complete the tasks in a timely manner.

<table>
<thead>
<tr>
<th>#</th>
<th>Tasks</th>
<th>√/X</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Send the training information to all prospective participants at least one month before the training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Send the meeting invite (calendar invites) to all participants as soon as participants confirm their availability.</td>
<td></td>
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<tr>
<td>3</td>
<td>Book necessary meeting rooms/accommodations, audio-visual equipment. Assure the training room accommodates the layout as per trainer’s plan.</td>
<td></td>
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<tr>
<td>4</td>
<td>Prepare/create the layout of the training room as per the trainer’s plan.</td>
<td></td>
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<tr>
<td>5</td>
<td>Visit and review the training facility and equipment at least 2 days before the training session to make sure everything is in working condition.</td>
<td></td>
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<tr>
<td>6</td>
<td>Assign staff with specific responsibilities e.g. set-up, registration, food, etc.</td>
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<td>7</td>
<td>Contact the trainer 2 weeks before the training session and answer any questions the trainer may have.</td>
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<tr>
<td>8</td>
<td>Assure at least a month before the training that the following materials are available for the training: name tags, sign-in sheet, flipcharts, markers, binders, pens, notepads, etc.</td>
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<tr>
<td>9</td>
<td>Prepare evaluation/satisfaction survey of each module.</td>
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<tr>
<td>10</td>
<td>Collect the training materials from the trainer at least 7 days before the training and make copies for the trainees. Make electronic copies available also.</td>
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<tr>
<td>11</td>
<td>Arrive in the training facility at least 2 hours before the training to set up and test the training facility and equipment so that training can start promptly on time.</td>
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<tr>
<td>12</td>
<td>Process trainer honorarium/stipend within 2-4 weeks of end of respective training session (if applicable).</td>
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## Responsibilities of Trainer:

A trainer plays a significant role for making a training session successful. A trainer’s checklist can make a trainer better prepared.

<table>
<thead>
<tr>
<th>#</th>
<th>Tasks</th>
<th>√/X</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Trainer will be responsible for all training content and handouts. The trainer needs to arrive at least one hour before the start of the training session. Start on time.</td>
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<td>2</td>
<td>Prepare the presentation/training session based on the learning objectives of the topic/module.</td>
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<td>3</td>
<td>Practice and prepare and be thoroughly familiar with the materials before the training day.</td>
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<tr>
<td>4</td>
<td>Conduct a dry run and make sure you can finish on time.</td>
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<tr>
<td>5</td>
<td>Inform the administrative staff at least a week before the training session of any logistical/materials needed.</td>
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<tr>
<td>6</td>
<td>Anticipate questions from participants and try to prepare as much as possible.</td>
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<td>7</td>
<td>Get familiar with the training room; make sure you know how to turn on/off/dim lights and other equipment.</td>
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</table>
| 8  | Remain positive:  
  • Greet participants as they arrive. Talk to them during the breaks.  
  • Use your own experiences to get the participants involved.  
  • If participants disagree with you, try to understand their perspective/experiences. Be prepared to accept their suggestions.  
  • Use humor as appropriate to keep the atmosphere congenial. |     |          |
| 9  | Encourage discussion:  
  • Use open-ended questions.  
  • Instead of asking “Do you think this will work in your office”, you might ask “Which parts of this program do you think will be easiest to implement in your office”.  
  • Try to answer all the questions. If you run out of time, you can extend the session by 5 minutes. If it is more than that then ask the participants if it is ok to extend the session for longer (and that means the total length of the day will get longer).  
  • If you do not know the answer, you can either ask if anyone in the room knows the answer, or that you will get back to them with the answer via email.  
  • Encourage participants to share their stories and ideas (if applicable). |     |          |
| 10 | If the participants are engaged and ask a lot of questions, it is ok to extend the session by 15 minutes. But inform them that they will have to stay an extra 15 minutes in the end. |     |          |
| 11 | Participants should be informed that the trainers will be available during the breaks and after the training session to answer any questions that needs more attention and to address the comfort of the participant. |     |          |
Training Materials

- PowerPoint presentation: needed
- Handouts: optional
- Satisfaction/evaluation survey: needed
- Laptop: needed
- Projector: needed
- Pens, markers, writing pads, post its: needed
- Flip charts: needed
- Video: optional information included throughout the curriculum
- Setting:
  - Option 1/in-person: class room or dinner table style (there should be extra space for small group breakout sessions).
  - Option 2/virtual: follow virtual break-out session format.
- Dental tools & materials: needed if applicable for module e.g. model of teeth, model of large toothbrush, mannequin of small child

Format-Method of Learning

- Interactive
- Lecture
- Group Discussion
- Question & Answer
- Practice case scenarios/case study (role play)
- Activity – small group (breakout sessions) (and individual) to
  - solve problems
  - build relationships (peer to peer, FQHC and private dentists)
  - build learning network (peer to peer)
  - brainstorming on challenges-solutions

The training plan includes a combination of lectures, discussions, practicing case scenarios, activities (individual and group), PowerPoint presentations, participatory discussions, handouts, etc. This curriculum tries to provide a trainer with comprehensive information that s/he may need to conduct this training including the logistics. This document can be shared with the trainer/s who will provide the training but not with the trainees. A few other characteristics of the training plan are:

- The training sessions will be highly interactive; so, the participants should be encouraged to ask questions throughout the lectures/activities.
- Participants should be encouraged to inform the trainers if the trainers are covering content too fast and that they should slow down.
- Participants can also take restroom breaks whenever they want throughout the day.
- Agenda should have scheduled break time.
- Every module will end with asking the participants: what are the 3 takeaways of that module (independent of evaluation survey).
• There will be an evaluation survey at the end of each training module aligned with the learning objectives of the module.
• Participants should be informed that the trainers will be available during the breaks and after the training session to answer any questions that needs more attention and to address the comfort of the participant.

Small Group Activity (Discussion, Role Play, Case Scenarios, or Exercise)
Break into small groups (10-20 minutes)
  Group size: 5 groups, 5 participants in each group (practice within group)
Report back by each group (15 min, 2-3 min/group)
  Each group says what they will do for their HTHC clients
Question and Answer/Conclude (5 minutes)

• This small group activity might vary by module based on the need of the module/topic (e.g. style, time, etc.). The style may be discussion, role play, case scenarios, exercises, etc.
• This sub-section is designed to engage the trainees through an exercise that will enhance their understanding and commitment to improving the dental health of Medi-Cal beneficiaries (e.g. children/youth aged 0-20 years).
• Each group will try to discuss the same/similar scenario.
• After small group session, participants will return to the large group, and share each group’s answers.
• There will be a “table captain” to help the group stay on task. Table captain will/may also play the role of “patient” if needed.
• Participants will form small groups to discuss and problem solve.
• Role play is an effective method for deeper understanding and practicing that understanding. The trainer/facilitator can have groups pair up for role play, one team represents patient/parent and the other team plays the dental team. Role play can be based on topics discussed. Facilitator/trainer will offer feedback. They will ask participants to share how the course helped them approach the challenging scenario differently.
• Question and answer sessions are very important for the participants. The participants can ask more clarifying questions; the trainers can also have a 2-way discussion to gain better understanding if the session was helpful for the participants. This will allow the participants to bring their own personal experiences to share with the group as well as the trainers for advice and guidance.

Icebreakers
Every new training day should start with a new and different icebreaker. The icebreaker will be used to get to know one another and build a network of caregivers around dental care coordination. Examples of icebreakers:

General:
  What do you plan to do next weekend?
Dental specific:
  What is your quick dental hygiene habit?
MODULE 1
Overview of HTHC Project, Dental Care Coordination, and Oral Health Disparities
Duration: 5 hours

OVERVIEW
This module describes Healthy Teeth Healthy Communities (HTHC) project and the need for it to increase access and utilization of dental care. It will also explain the role of the participants in this project and their responsibilities as Community Dental Care Coordinators. This module will provide an overview about Dental Care Coordination, health and oral health disparities in Alameda County. It will provide information about Dental Public Health so that training participants can understand their responsibilities better. The goal of this module is to spark a commitment from each participant to work towards improving the dental health of children-youth in Alameda County.

LEARNING OBJECTIVES
At the end of this module, the participants will be able to:

1. Describe the low utilization of preventive services in the Medi-Cal Dental Program by children-youth ages 0-20 years in Alameda County.
2. Describe how the HTHC project will improve access to Medi-Cal Dental Program by beneficiaries ages 0-20 years by building a new county-wide dental care coordination system.
3. Describe dental care coordination and the roles and responsibilities of Community Dental Care Coordinators.
4. Describe the importance of dental public health.
5. Describe health and oral health disparities, and barriers to access to care.

TRAINER
Dental Health Administrator, HTHC Project Director

MATERIALS

<table>
<thead>
<tr>
<th>Common Item for All Modules</th>
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<tbody>
<tr>
<td>Room for in-person training</td>
</tr>
<tr>
<td>Setting – chairs &amp; tables</td>
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<tr>
<td>PowerPoint presentation</td>
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<td>Projector, cord, pointer, projector screen</td>
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<td>Flip charts, pens, markers, writing pads, post its</td>
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<td>Video</td>
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<table>
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RESOURCES/HANDOUTS

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<td>Training packet/binder</td>
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<tr>
<td>Copy of PowerPoint presentation: total 56 slides</td>
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</tr>
<tr>
<td>o Framing/overview of HTHC project – 12 slides</td>
<td></td>
</tr>
<tr>
<td>o Dental care coordination &amp; role of CDCCs – 10 slides</td>
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<tr>
<td>o Importance of dental public health – 7 slides</td>
<td></td>
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<tr>
<td>o Health disparities – 15 slides</td>
<td></td>
</tr>
<tr>
<td>o Oral health disparities – 8 slides</td>
<td></td>
</tr>
<tr>
<td>o Other - 4 slides</td>
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<tr>
<td>Project flyers, brochure, poster, booklet (English, Spanish, Chinese)</td>
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</tr>
<tr>
<td>Dental kits (tooth brush, tooth paste, floss, goal setting tool)</td>
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</tr>
<tr>
<td>Module evaluation-satisfaction survey – paper form or survey monkey</td>
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</table>

| Specific Item for This Module                         |        |
|                                                      | None   |

AGENDA

<table>
<thead>
<tr>
<th>Time (5 hr)</th>
<th>Activity/Topic</th>
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<tbody>
<tr>
<td>1. 20 min</td>
<td>Welcome, Housekeeping &amp; Introductions</td>
</tr>
<tr>
<td>2. 10 min</td>
<td>Icebreaker</td>
</tr>
<tr>
<td>3. 45 min</td>
<td>Framing &amp; Overview of HTHC (i.e. Project/Program)</td>
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<td></td>
<td>30 min lecture</td>
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<tr>
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<td>15 min Q&amp;A</td>
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<td>4. 45 min</td>
<td>Dental Care Coordination &amp; Role of CDCCs</td>
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<td>15 min Q&amp;A</td>
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<td>Importance of Dental Public Health</td>
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<td>15 min Q&amp;A</td>
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<td>6. 90 min</td>
<td>Health Disparities &amp; Oral health Disparities</td>
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<td>30 min Q&amp;A</td>
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<tr>
<td>7. 30 min</td>
<td>Small Group Activity</td>
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<tr>
<td>8. 15 min</td>
<td>Wrap up-Close &amp; Evaluation of Module</td>
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<tr>
<td></td>
<td>5 min close</td>
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<tr>
<td></td>
<td>5 min evaluation</td>
</tr>
<tr>
<td></td>
<td>5 min extra time</td>
</tr>
</tbody>
</table>

Registration, breaks, lunch: these times will be decided by trainer and organizer.
DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (20 min)
   - This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
   - This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
   - The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the module.
   - Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
   - Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
   - This is the time for the trainees to get to know the relevant Alameda County/project staff.
   - The facilitator should ask the participants to introduce themselves (name, organization, role in project). Keep it brief.
   - Ask if every participant has signed-in, if everyone has all the handouts for this module.
   - Encourage the participants to ask questions during anytime in the training.
   - Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (10 min)
   Trainer can choose icebreaker.

3. Presentation #1: Framing & Overview of HTHC Project (45 min)
   - This presentation will use PowerPoints; 1-2 minute per slide, some slides may take more or less time.
   - This presentation will provide information related to learning objectives #1 and #2:
     - Describe the low utilization of preventive services in the Medi-Cal Dental Program by children-youth ages 0-20 years in Alameda County.
     - Describe how the HTHC project will improve access to Medi-Cal Dental Program by beneficiaries ages 0-20 years by building a new county-wide dental care coordination system.
   - Project/organizing staff and trainees will form learning network and foster collaboration among the participating partnering agencies. This group will learn together – work with the same goals, share lessons learnt, and problem solve together when challenges arise.
   - Use this time to motivate the participants to get interested in improving the dental health of children aged 0-20 years through HTHC.
   - This presentation will discuss the guiding principles for community dental care coordinators (e.g. teamwork, collaboration, respect, confidentiality, etc.). Group should come up with their own list.
   - Question/Answer: The trainer should always ask participants if they have any questions. The participants can ask questions during the presentation or after the presentation. The trainer can decide his/her preference.
4. Presentation #2: Dental Care Coordination and Roles & Responsibilities of CDCCs (45 min)

- This presentation will use PowerPoints; 1-4 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #3:
  - Describe dental care coordination and the roles and responsibilities of Community Dental Care Coordinators. Such as,
    - Conduct outreach and in-reach to find families with children who are on Medi-Cal or Medi-Cal eligible.
    - Educate families about oral health.
    - Educate families about using Medi-Cal dental services.
    - Assist families with dental appointments e.g.
      - scheduling and showing up
      - accompany clients to 1st appointments
      - conduct follow-up calls
    - Establish and maintain a good working relationship with dental providers and dental provider office staff.
    - Collect and enter data in the HTHC online database.
    - Attend project trainings-meetings as scheduled.

- This presentation will discuss the definitions of dental care coordination, its core values, and the steps involved.

*Care coordination* involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care (Agency for Health Research & Quality, 2018).

**Definition of Dental Care Coordination**

Dental Care Coordination is a family-centered, assessment-driven, and team-based activity designed to meet the needs of families (with children-youth) while enhancing the family's ability to navigate the health and social service system, and access dental health and other services and resource (Alameda County Office of Dental Health).

**Core Values of Dental Care Coordination**

- **Early intervention:** Dental Care Coordination is based on the fundamental principle that appropriate early intervention for preventive services can increase a child's potential throughout his or her life.
- **Family centered:** Empowers the family by enhancing family strength for self-advocacy. Every family and child have strengths. Focuses on children's safety and needs within the context of their families and communities. Community Dental Care Coordinators (CDCC) will highlight the areas where a family is already doing well and help them build on their successes.
- **Flexible:** The CDCCs need to be flexible to accommodate the family's needs.
• **Relationship based**: CDCCs need to develop relationships with families and providers by working collaboratively and respectfully together.

• **Warm hand-off**: CDCCs will ensure that families are introduced to dental office staff in such a way that the families feel comfortable and welcomed by the dental offices (which might include accompanying the client to the dental office).

### 8 Steps of Dental Care Coordination
1. Initial contact – connection with clients via outreach, inreach, referral, etc.
2. Enrollment of client in program (i.e. sign consent form)
3. Set up appointment with dental offices
4. Remind client about appointment
5. Accompany client to 1st dental appointment
6. Follow-up after dental appointment – with dental office and client
7. Continuity of care – make preventive care appointment 6 months to 1 year later
8. Visit dental offices at least twice a month to build relationship with dental office staff and collect data.

**Community Health Worker** is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery (American Public Health Association, 2020).

**Case Management** is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s health needs through communication and available resources to promote quality cost-effective outcomes. The role of the case manager is broader than health care (Case Management Society of America, 2020).

**Patient Navigator** is a person who helps guide a patient through the healthcare system (National Cancer Institute, 2020).

• **Question/Answer**: The trainer should always ask participants if they have any questions. The participants can ask questions during the presentation or after the presentation. The trainer can decide his/her preference.

### 5. Presentation #3: Importance of Dental Public Health (45 min)
- This presentation will use PowerPoints; 1-2 min per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #4:
  - Describe the importance of dental public health
- This presentation will give general concepts of the role of dental public health, the 3 core functions and the 10 Essential Public Health Services (EPHS) to make dental programs
stronger and successful. The trainer will explain how the 3 core functions and the 10 EPHS are tied with dental health care. More information on Dental Public Health is provided in the appendix.

- Question/Answer: The trainer should always ask participants if they have any questions. The participants can ask questions during the presentation or after the presentation. The trainer can decide his/her preference.

6. Presentation #4: Health Disparities and Oral Health Disparities (90 min)
- This presentation will use PowerPoints; 1-2 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #5:
  - Describe health and oral health disparities and barriers to access to care.
- This section will describe some general concepts and examples of health disparities and oral health disparities, what it looks like in Alameda County, how to reduce health disparities, and how it is relevant for dental care coordination work.
- Question/Answer: The trainer should always ask participants if they have any questions. The participants can ask questions during the presentation or after the presentation. The trainer can decide his/her preference.

7. Small Group Activity (30 min)
   Small Group Discussion (20 minutes)
   - Group size: 5 groups, 5 participants in each group
   - Question to ask each other/Topic/Cases/Exercise:
     a) what was your 1st experience with a dentist, and
     b) based on that experience, what will you, a community dental care coordinator, do for your clients?

   Report back by each group (7 min, 1 min/group)
   - Each group says what they will do for their HTHC clients.

   Question and Answer/Conclude (3 minutes)

8. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)
- At the end of the module ask the participants: what are the 3-key takeaways of this module? Prepare those 3-key takeaways in the last PowerPoint slide.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.
MODULE 1 Slides

Overview of HTHC Project, Dental Care Coordination, and Oral Health Disparities

Module 1

Office of Dental Health
Alameda County Public Health Department

Learning Objectives
1. Describe the low utilization of preventive services in the Medi-Cal Dental Program by children/youth ages 0–20 years in Alameda County.
2. Describe how the HTHC project will improve access to Medi-Cal Dental Program by benefitting 6000 ages 0–20 years by building a county-wide dental care coordination system.
3. Describe dental care coordination and the roles and responsibilities of Community Dental Care Coordinators.
4. Describe the importance of dental public health.
5. Describe health and oral health disparities and barriers to access to care.

Framing & Overview of HTHC
low access of Medi-Cal Dental Program
how HTHC’s county-wide model will increase access:

San Francisco Chronicle
State leaves poor kids short of dental care

Little Hoover Commission Report:
“Fixing Dental-Cal”
April 2016
WWW.LHC.CA.GOV

Key Findings of Little Hoover Commission Report:
(Medi-Cal Dental Program van Gone)

Dental Provider Factors
- Low reimbursement
- Risk-of-pay setting – lack of dentists who take Medi-Cal patients
- Difficulty finding providers for kids under 5
- Administrative financial burden

Patient/Client Factors
- Little outreach or care coordination
- High no-show rate
- Low oral health literacy
- Language/literacy
- Long wait for appointments
- Long distance
- Psychosocial barriers
- Administrative financial burden

System Factors
- Administrative issues
- Financial issues
- Data collection/utilization
- Public/private collaboration
- Dental medical–behavioral collaboration
MODULE 1 Slides

What is Healthy Teeth Healthy Communities (HTHC)?
- Alameda County Office of Dental Health funded by 
  Dental Transformation Initiative (DTI) from the State.
- Alameda County’s DTI is called the Healthy Teeth Healthy Communities.
- $19.7 million

HTHC Goal, Objective, Actions, & Sub-actions

Goal:
- To increase access to preventive dental care services for Medi-Cal children youth ages 0 20 years in Alameda County.

Objective:
- By the end of the project year 15,000 children will utilize dental care. This will be achieved by creating and implementing a new model of county-wide dental care coordination system in Alameda County.

Actions:
1. Create community dental care coordination (CDCC) workforce
2. Create network of dentists called Community of Practice (CDP)
3. Create online database

Sub-actions:
1. Continuous quality assurance
2. Leadership, disciplined administration, & multi-level communications
3. Build & utilize partnerships-collaborations
MODULE 1 Slides

Dental Care Coordination System

HTHC MODEL: ROADMAP (WIP)

Dental Care Coordination
& Role of CDCCs

CDCC Workforce Responsibilities

- Outreach & In-reach to find families with children age 0-20 years who are on Medi-Cal or Medi-Cal eligible
- Educate families about oral health, using Medi-Cal dental services
- Assist families with dental appointments - scheduling & showing up
  - Accompany clients to 1st appointments, conduct follow-up calls
- Establish maintains a good working relationship with dental providers
- Collect and enter data in the database
- Attend project trainings, learning network meetings as scheduled

Example of CDCC Activity

- Arranges outreach activities with community partners and participates in health fairs and community events.
- Prepares health education and outreach materials with accurate information on dental health practices and access to care.
MODULE 1 Slides

**Target/Benchmarks for CDCCs**

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<th>Type of Services</th>
<th>Frequency per CDCC</th>
<th>Annual for 20 CDCCs</th>
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</thead>
<tbody>
<tr>
<td>Contact families with children/youths</td>
<td>50</td>
<td>600</td>
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<tr>
<td>Make Initial appointments</td>
<td>25</td>
<td>3,000</td>
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<tr>
<td>Show the dental appointment</td>
<td>10</td>
<td>1,000</td>
</tr>
<tr>
<td>Continuity of care</td>
<td>10</td>
<td>1,000</td>
</tr>
</tbody>
</table>

**Dental Care Coordination — definition**

- Dental Care Coordination is a family-centered, assessment driven, and team based activity designed to meet the needs of families with children/youths while enhancing the family’s ability to navigate the health and social services system, and access dental health and other services and resources.
- Our mantra for Dental Care Coordination: “Equity – Cultural Sensitivity – Families”
- This is based on concepts of primary care, patient navigator, family navigator, etc.

**Dental Care Coordination — core values**

- Early intervention: Dental Care Coordination is based on the fundamental principle that appropriate early intervention for preventive services can increase a child’s potential throughout their life.
- Family centered: Empowers the family by endorsing family strengths and autonomy. Every family and child have strengths. Focuses on children’s safety and needs while supporting the family’s strengths and capacities. Community Dental Care Coordinators will highlight the areas where a family is already doing well and help them build on their successes.
- Flexible: The CDCC need to be flexible to accommodate the family’s needs.
- Relationship based: CDCCs need to develop relationships with families and providers by working collaboratively and respectfully together.
- Shared leadership: CDCCs can ensure that families are an integral part of dental office staff in such a way that the families feel comfortable and welcomed by the dental office (which might include accompanying the client to the dental office).

**8 Steps of Dental Care Coordination**

1. Initial contact – connection with clients via outreach, referrals
2. Enrollment of clients in program (e.g., sign consent form)
3. Set up appointment with dental offices
4. Remind client about appointment
5. Accompany client to 1st dental appointment
6. Follow-up after dental appointment – with dental offices and clients
7. Continuity of care – make preventive care appointment 6 months to 1 year later
8. Visit dental offices at least twice a month to build relationship with dental office staff and collect data

**Other Definitions**

- Community health worker: A trained member of a community who has a trusted member of the community, an awareness of community needs, and a commitment to improving the health of the community.
- Case Management: A collaborative process of assessment, planning, facilitating and advocacy for people and services needed to meet the health needs of individuals and their families. It can facilitate access to services and improve the quality and quantity of services delivered.
- Care navigation: A process that helps guide a patient through the healthcare system.
- Care Coordination: Care coordination involves identifying and addressing barriers to care and providing coordination of the healthcare services delivered to the patient and their family.

**Guiding Principles/Group Agreement for CDCCs**

- Teamwork
- Collaboration
- Confidentiality
- Respect for all – colleagues and clients
- Non-judgmental
- Patience
- Listen
- Be kind
- Self-care
MODULE 1 Slides

**Importance of Dental Public Health**

**Definition of Public Health**
According to Centers for Disease Control and Prevention (CDC), “Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases.”

The core functions of Public Health
- Assessment,
- Policy Development, and
- Assurance.

**10 ESSENTIAL PUBLIC HEALTH SERVICES (Cont.)**

- #4 Strengthen, support, and mobilize communities and partnerships to improve health
- #5 Create, champion, and implement policies, plans, and laws that impact health
- #6 Use legal and regulatory actions designed to improve and protect the public’s health
- #7 Assure an effective system that enables equitable access to the individual services and care needed to be healthy
- #8 Build and support a diverse and skilled public health workforce
- #9 Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- #10 Build and maintain a strong organizational infrastructure for public health

**What is Dental Public Health?**

According to American Dental Association,

Dental Public Health is “the science and the art of preventing and controlling disease and promoting dental health through organized community efforts” to “a non-clinical specialty of dentistry involved in the assessment of dental health needs and improving the dental health of populations rather than individuals.”

**What is Dental Public Health?**

DPH focuses on the following two issues:
1. Improving oral health care for the population instead of individual patient, and
2. DPH focuses on preventive oral health care more than treatment.
MODULE 1 Slides

**Need for Dental Public Health**

In 2000, the U.S. Surgeon General released Oral Health in America, which summarized the state of the nation’s oral health. In that report, it was noted that “the public health infrastructure for oral health is insufficient to address the needs of disadvantaged groups and integration of oral health and general health programs is lacking.”

**What is Health Disparity/Equity**

Health Equity Means EVERYONE HAS A FAIR AND EQUAL OPPORTUNITY TO LIVE A LONG, HEALTHY LIFE.

**Causes of Health Disparities/Inequities**

- Genetics: 10-15%
- Access to healthcare: 10-15%

15% + 15% = only 30%

WHAT CAUSES THE OTHER 70%??

**Health Disparities**

Health disparities refer to differences in health status between population groups who have different levels of underlying social disadvantages.

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<th>Socially Disadvantaged Group</th>
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<tbody>
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<td>More resources to support good health</td>
</tr>
<tr>
<td>Higher rates of disease</td>
</tr>
<tr>
<td>Live shorter lives</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Socially Advantaged Group</th>
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</thead>
<tbody>
<tr>
<td>More resources to support good health</td>
</tr>
<tr>
<td>More protective factors</td>
</tr>
<tr>
<td>Lower rates of disease</td>
</tr>
<tr>
<td>Live longer lives</td>
</tr>
</tbody>
</table>

**Social Determinants of Health**

A Framework for Health Equity

[Diagram showing various factors affecting health equity]

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT
MODULE 1 Slides

Alameda County's Vision of Health Disparity/Equity

Everyone in Alameda County — no matter who you are, where you live, how much money you make, or the color your skin — can lead a healthy, fulfilling and productive life.

What Can We Do To Reduce Health Disparities?

Reduce Disparities by Maximizing Client Reach & Enrollment

- Inreach/outreach to current Medi-Cal beneficiaries within your agency to Maximize Utilization.
- Inter-agency collaboration/partner with Alameda County Public Health Department’s different programs.
- Collaborate with WIC agencies in the County.
- Partner with affordable housing complexes, faith based organizations, youth organizations, health fairs, etc.
- Hold outreach events in high poverty areas on regular basis.

Socio-ecological Model for Dental Health

INDIVIDUAL

Dental Health = Overall Well-Being

- Quality of life
  - Eating/Nutrition
  - Speech
  - Self-esteem

Costs to individuals & society
- Missed days from work, school
- School readiness/performance
- Child development/well-being
- Disability, pain, chronic disease, & death
- High emergency room visits

Oral Health Disparities
MODULE 1 Slides

Oral Health & School Readiness
- By kindergarten, 50% children have cavities (Source: CDC)
- Children with dental disease miss more school
  - >800,000 school days missed per year in California (Source: UCLA)
  - disrupts education
  - limits social experiences

Children’s Oral Health Disparities
- Dental caries/decay rate higher in low income, ethnic minorities, immigrants
  - 33% of low income children experience 75% of all early childhood caries (Centers for Disease Control and Prevention)
  - Less than half the children in California ages 0-20 years had a dental visit (2011-2012)

Children’s Untreated Dental Decay & Poverty

Medi-Cal Dental Program Utilization
- 26% of Medi-Cal children ages 0-9 years seen by dentist, 2014
- 74% of Medi-Cal children ages 0-9 years seen by dentist, 2014

Main reason child did not visit dentist in the past year
- 1 in 3 adults 20 to 64 years – family income, Black, Hispanic
  - 1 in 5 seniors 65+ years
  - more severe decay and/or fewer natural teeth

Oral Health Disparities in Adults
- High rate of untreated decay
  - 1 in 3 adults 20 to 64 years – family income, Black, Hispanic
  - 1 in 5 seniors 65+ years
  - more severe decay in permanent teeth of Latinos, low income

Pregnant women
- 60%-75% pregnant women have gingivitis
- more than half had no dental visit during pregnancy

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT
MODULE 1 Slides

3 Key Take-aways of Module 1

- There is low access to Medi-Cal Dental Program for beneficiaries ages 0-20 years in Alameda County.
- The HTHC project will improve access to Medi-Cal Dental Program services through county-wide dental care coordination.
- The Community Dental Care Coordinators will have key role in increasing access to and utilization of preventive services in Medi-Cal Dental Program.
MODULE 2
Basic Dental Terminology and Oral Health Care for 0-5 Years
Duration: 6 hours

OVERVIEW
This module will discuss some basic dental terminology and oral health concepts for ages 0-5 years. This includes importance of primary teeth, oral health risk factors, early childhood dental problems (e.g. Early Childhood Caries), how to prevent these childhood dental problems, oral health hygiene techniques, healthy eating habits, etc. with specific oral health messages for this age group, and follow-up (for treatment or continuity of care).

This module will discuss the importance of the first dental visit, types of dental examinations, and treatment options available at home and at dental office to promote a lifetime of healthy dental care for the child.

This module will review information related to a successful dental visit at a dental office, including intake, doing a visual assessment of the oral/mouth area, and timing of care determination.

The information in this module will enable the CDCCs to care coordinate early, appropriately, and effectively. The depth of the module’s content will be appropriate for a community dental care coordinator level. The module is designed to engage the trainees through exercises that will enhance their understanding and commitment to improving the dental health of children aged 0-5 years.

LEARNING OBJECTIVES
At the end of this module, the participants will be able to:
1. Describe basic dental terminology.
2. Describe oral health concepts for ages 0-5 years.
3. Describe common dental health problems for ages 0-5 years e.g. Early Childhood Caries (ECC).
4. Describe preventive strategies to reduce the common dental health problems for ages 0-5 years (including caries).
5. Describe the role of community dental care coordinators’ in improving dental health for children ages 0-5 years.

TRAINER
Dental Health Administrator, HTHC Community Of Practice (COP) Manager
MATERIALS

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<tr>
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RESOURCES-HANDOUTS

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<td>• Preventive strategies - 22 slides</td>
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<td>• Role of CDCCs - 8 slides</td>
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<tr>
<td>• Small Group Activity - 1 slide</td>
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<tr>
<td>• Other - 4 slides</td>
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<tr>
<td>Project flyers, brochure, poster, booklet (English, Spanish, Chinese)</td>
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<tr>
<td>Dental kits (tooth brush, tooth paste, floss, goal setting tool)</td>
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<td>Module evaluation-satisfaction survey – paper form or survey monkey</td>
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AGENDA

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<tr>
<th>Time (6 hr)</th>
<th>Activity/Topic</th>
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<tr>
<td>1. 15 min</td>
<td>Welcome, Housekeeping &amp; Introductions</td>
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<tr>
<td>2. 15 min</td>
<td>Icebreaker</td>
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| 3. 90 min  | Dental Terminology  
60 min lecture  
15 min quiz  
15 min Q&A |
| 4. 45 min  | Oral Health Concepts for Age 0-5 Years  
30 min lecture  
5 min quiz  
10 min Q&A |
| 5. 45 min  | Common Dental Problems (e.g. caries)  
30 min lecture  
15 min Q&A |
| 6. 75 min  | Prevention Strategies for Age 0-5 years  
60 min lecture  
15 min Q&A |
| 7. 30 min  | Role of CDCCs  
20 min lecture  
10 min Q&A |
| 8. 30 min  | Small Group Activity |
| 9. 15 min  | Wrap up-Close & Evaluation of Module  
5 min close  
5 min evaluation  
5 min extra time |

Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)
   - This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
   - This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
   - The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
   - Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
   - Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
   - This is the time for the trainees to get to know the relevant Alameda County/project staff.
   - The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
   - Ask if every participant has signed-in, if everyone has all the handouts for this module.
• Encourage the participants to ask questions during anytime in the training.
• Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (15 min)
• Ask participant to ask the person to the left to share why they feel a first dental visit is important. See p.16 for more detail.

3. Presentation #1: Basic Dental Terminology (90 min)
• This presentation will use PowerPoints; 1-5 minutes per slide, some slides may take more or less time.
• This presentation will provide information related to learning objective #1:
  o Describe basic dental terminology.
• This section will review information related to dental terminology, relation between teeth and health, anatomy of tooth, functions of tooth, types of dental providers, types of dental office visits, types of services provided by dental offices, etc.

4. Presentation #2: Oral Health Concepts for Ages 0-5 years (45 min)
• This presentation will use PowerPoints; 1-5 minutes per slide, some slides may take more or less time.
• This presentation will provide information related to learning objective #2:
  o Describe oral health concepts for ages 0-5 years.
• This section will review information on primary teeth (importance, function), teeth eruption patterns, infant tendencies such as teething, thumb sucking, etc.

5. Presentation #3: Common Dental Problems for Ages 0-5 Years (45 min)
• This presentation will use PowerPoints; 1-5 minutes per slide, some slides may take more or less time.
• This presentation will provide information related to learning objective #3:
  o Describe some common dental health problems for ages 0-5 years e.g. Early Childhood Caries (ECC)

6. Presentation #4: Preventive Strategies for Ages 0-5 Years (75 min)
• This presentation will use PowerPoints; 1-5 minutes per slide, some slides may take more or less time.
• This presentation will provide information related to learning objective #4:
  o Describe the preventive strategies for ages 0-5 years (including caries).
• This section will review information related to daily oral hygiene, diet-nutrition-feeding practices, routine dental visits, and preventive/treatment dental visits. This section will also review preventive actions parents and caretakers can take at home, and the importance of the first dental visit by age 1 year.
7. Presentation #5: Role of CDCCs (30 min)

- This presentation will use PowerPoints; 1-5 minutes per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #5:
  - Describe the role of community dental care coordinators’ in improving dental health for children ages 0-5 years.
- This section will review information related to the needs assessment tools that the CDCCs will use to help their clients ages 0-5 years.

8. Small Group Activity (30 min)

**Case Scenario/Role Play (15 minutes)**
- Group size: 5 groups, 5 participants in each group
- Case Scenario topic:

  A mother brings her 3-year old and newborn. The CDCC notes that the older child has three carious lesions on his upper anterior teeth. Tasks for CDCCs:
  - What feeding practice might be contributing to these lesions?
  - What advice would you give her to prevent this from getting worse?
  - What do you suspect the caries risk for the newborn might be?
  - What advice would you give the Mom regarding the oral health care for her newborn child and the 3-year old?

Report back by each group (10 min, 2 min/group)
- Each group says what they will do for their HTHC clients in the future based on this training.

**Question and Answer/Conclude (5 minutes)**

9. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)

- At the end of the module ask the participants: what are the 3-key takeaways of this module? Prepare those 3-key takeaways in the last PowerPoint slide.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.
MODULE 2 Slides

Learning Objectives

1. Describe basic dental terminology.
2. Describe oral health concepts for ages 0-5 years.
3. Describe common dental health problems for ages 0-5 years e.g. Early Childhood Caries (ECC).
4. Describe the preventive strategies for ages 0-5 years (including caries).
5. Describe the role of community dental care coordinators in improving dental health for children ages 0-5 years.

Why are teeth important?

Eat
Digest food
Speech
Support face structure
Overall health
Smile/self esteem

Basic Dental Terminology

Type of Teeth & Function

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<thead>
<tr>
<th>Tooth Type</th>
<th>Function</th>
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<tbody>
<tr>
<td>Incisors &amp; Lateral</td>
<td>Biting, cutting, incising, shearing</td>
</tr>
<tr>
<td>Canines</td>
<td>Cutting, tearing, piercing, holding</td>
</tr>
<tr>
<td>Premolars &amp; molars</td>
<td>Chewing, grinding</td>
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</tbody>
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Tooth Anatomy

CDCC Training Curriculum/ACPHD Office of Dental Health/HTHC/2020
MODULE 2 Slides

Dental Specialists: What Do They Do?
Can you guess by the prefix?

- Endodontist e.g. root canal
- Periodontist
- Orthodontist e.g. braces
- Prosthodontist e.g. dentures, implants, appliances
- Pediatric Dentist e.g. children
- Oral Surgeon e.g. extraction, reconstruction

Importance of Dental Visits
- Helps the client to feel comfortable in their dental home
- Gives the dental provider a starting point for collecting information about client’s current condition of their mouth
- Helps to establish and to finish a treatment plan
- Educates client about a dental issue before it starts or to help stop the problem (ex. Bleeding gums, plaque build up, erosion)
- Regular dental visits catch problems at early stages when problems may be easily treated (ex. caries, oral cancer, gum disease)
- Oral education to engage the caregiver and provide health promoting tools

Types of Dental Visits

- Routine Dental Visits
  - Lab work
  - Exam
  - X-rays
  - Prevention/Treatment Dental Visits
  - Teeth Cleaning
  - Dental Consult
  - Removal of asymptomatic dental visits
  - Cleaning
  - Filling
  - Crown Removal
  - Root Canal
  - Surgical Treatment (Dental Visits)
  - Preventive Surgery
  - Extractions
  - Tooth Extraction
  - Contouring of Care Visits

Why Prevention is the best
- First & best line of defense against oral health problems
- E.g. Caries & Gingivitis is completely preventable!!!!
- Cost-effective

Types of Services from Dental Offices

- Dental procedures or treatments to prevent dental disease
  - Dental exams, cleaning, x-rays, restorative treatments, and health education

Types of Dental Exam

- Comprehensive Oral Exam
  - First visit, detailed assessment of hard and soft tissues, x-rays (full mouth)
- Periodic Oral Exam
  - 6-month visits, re-assess hard & soft tissues, limited x-rays/radiographs
- Limited Oral Exam
  - Only problem area, various testing such as temperature sensitivity, localized x-rays
MODULE 2 Slides

**Continuity of Care**
- Preventive visit 6 months after 1st examination
- Encourages completion of needed dental care
- Prevents some conditions from worsening
- Relieves or eliminates current dental symptoms
- Helps sustain maintenance level once achieved

**Small Group Activity + Quiz/Assessment (30 min)**
- Types of teeth
- What are basic tooth parts?
- How many permanent teeth?
- When does first tooth appear?
- Name some dental specialists and what they do?
- Types of dental visits
- Types of dental exams
- 3 most important reasons for dental visit

**Oral Health Concepts for Ages 0-5 Years**

**Importance of Dental Health in Early Childhood Years**
- Essential for eating, good nutrition, language development, self-esteem.
- Children can be at very high risk of developing dental caries in early years.
- To establish healthy oral habits to ensure maintenance of healthy permanent teeth.

**Why Primary Teeth Are Important?**
- Placeholders for permanent teeth.
- Avoids crowding of permanent teeth

**Primary Dentition**
- Most children will have 20 primary teeth (sometimes called “baby” or “milk” teeth)
MODULE 2 Slides

Primary Dentition Teeth Letters

Permanent Dentition Teeth Numbers

Type of Primary Teeth & Function

<table>
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Timing of Primary Teeth

- Begin erupting around 6 months of age and they continue to erupt through about 3 years of age.

Primary Dentition Eruption Pattern

Tooth Anatomy in Early Age
**Teething**

Teething is a result of primary teeth breaking through the gums as they erupt, causing irritation.

Teething symptoms:
- Normal: Tousiness, trouble sleeping, irritability, loss of appetite, dribbling more than normal.
- Not normal: Fever, diarrhea, rash (go to doctor).

**Teething Gel**

- Do not use teething gel for under 2 years of age.
- Can reduce oxygen in blood stream and result in death.
- If severe pain persists — go to doctor.

**Thumb-sucking**

- It is a natural reflex for babies.
- May make babies feel secure, happy.
- To soothe themselves, to fall asleep.
- Substitute a toy to wean off thumb-sucking.
- Usually children stop sucking between the ages 2-4.

**Common Dental Problems, Conditions & Diseases for Ages 0-5 Years**

**Dental Caries**
- Most commonly called:
  - Tooth Decay
  - Tooth Cavity
- Most common chronic disease in children.
  More common than asthma & diabetes.
- Easily preventable.
MODULE 2 Slides

What is Early Childhood Caries (ECC)?

- Early Childhood Caries is defined as the presence of one or more decayed (non-cavitated or cavitated lesion), missing (due to caries) or filled teeth surfaces in any primary tooth in a preschool-age child between birth and 72 months of age. American Dental Association.
- ECC is preventable.
- Most common chronic disease in children age 6-11 years, and adolescents age 12-19 years.
- 80% of ECC occurs in 20% of children.
- Tooth decay is four times more common than asthma among adolescents age 14-17 years.
- ECC occurs highly prevalent in poor and near poor U.S. preschool children.

Determinants: ECC

Progression of ECC

- Rapid progression
- ECC affects teeth that come out early & are least protected by saliva.
- Disease moves toward the back teeth as teeth erupt.
- Typically ECC progresses in the following order:
  - Upper Incisors, Lower Dentes, Upper Premolars
  - Wisdom tooth (if exists)
- Tooth decay starts with the acid in your mouth. Once the acid is in the tooth, it starts to eat away at the tooth enamel.

How Tooth Decay Happens?

- Sugar alone does not cause decay
- Germs eat sugar, then make acid. Acid attacks the tooth.

Healthy Teeth of a Child

Dental Caries: Signs & Symptoms

- White, brown, black spots on teeth
- Sensitivity to hot, cold & sweets
- Pain or discomfort when chewing

Stages of ECC

- White spots
- Brown spots
- Advanced
MODULE 2 Slides

Preventive Strategies for Ages 0-5 Years

Preventive Strategies for age 0-5 years
- Daily Oral Hygiene
- Diet, Nutrition, Feeding Practices
- Routine Dental Office Visit
  - established home by age 2
- Preventive/Treatment Dental Office Visit

Daily Oral Hygiene
- Brush
- Floss
- Rinse with water
- Eat healthy
- Drink water frequently
- Everyday

Role of Saliva
- Neutralizes acids
- Supplies minerals and fluoride
- Saliva can protect the tooth structure from decay if:
  - there is enough saliva
  - low numbers of acid-producing bacteria in the mouth
  - remineralization and attacks (primary healthy teeth)

Bacteria is passed
From parents, guardians, grandparents, siblings, friends by:

Do Not Share...

Brushing Guidelines for Age 0-2 years
- Wiping teeth after meals & snacks
- Brushing with smear of toothpaste
- Soft brush: for cleaning the gums & the teeth
MODULE 2 Slides

**Brushing Guidelines for Age 2-5 years**
- Caregiver should stand or sit behind child.
- Mom/dad start, child finishes.
- Brush along the gum line where caries commonly begins, both on the outside (cheek) and inside (tongue) of the tooth.
- Brush the top or chewing surface (occlusal).
- Child should spit out, not rinse, after brushing to increase topical fluoride benefit.

**Brushing Techniques**
- Use small backwards and forwards brushing movements or small circles.
- No food or drink after brushing.
- Begin flossing daily once gaps between teeth close.
- Encourage use of electric toothbrush beginning at age 4 years.

**Make Tooth Brushing Fun**
- Sing a song that lasts two minutes and brush until done.
- Sing the alphabet and brush each quadrant until done.
- Brush in front of the mirror.
- Use an electric toothbrush featuring timers, lights, or favorite characters.

**Diet, Nutrition, Feeding Practices**
- A balanced diet of fruits, vegetables, protein foods, dairy products and whole grains provides essential nutrients for optimum oral health as well as overall health.

**Limit Sugary Foods & Drinks - Reduce “acid attacks”...**
- Choose healthy snacks.
- Avoid frequent snacking (>2 times between meals) on foods like:
  - Juice or soft drinks
  - Candy, candies, or sugared breakfast cereals
- Avoid sugary, starchy snacks and slow dissolving carbohydrates:
  - Raisins, dried fruit, fruit rolls, bananas, cereals, jelly beans, or peanut butter and jelly sandwiches
- Have your child rinse their mouth after eating, if not able to brush right away.

**Sippy Cup**
- Introduce Sippy Cup at 6 mos.
- Aim is to shift from sucking to sipping.

**Transition Cup**
Choose Tap Water

- Alameda County tap water
- Blends amount of fluoride
- Safe
- May use a filter if house pipes are old
- Bottled Water
- Source unknown
- Can contain too much or too little fluoride

*Urine loss is a fluoride deficient and fluoride supplements are recommended

Diet and Feeding Advice: 0–12 Months

- Strongly encourage breast feeding.
- Hold intact for bottle feeding.
- Avoid giving bottles at bedtime or naptime.
- Don’t use unwatered pacifiers.
- Introduce cup at six months.
- Wean bottle by 12 months.
- Use only water in sippy cup
- Limit/slowed down juice in the first year of life.
- Snacks should contain no added sugar.

Diet and Feeding Advice: 1–5 years

- Discontinue bottle by 12 months.
- Limit juice to four ounces per day and serve with meals only.
- Avoid carbonated beverages and juice drinks containing sweeteners.
- Choose fresh fruits, vegetables, or sugar free whole grain snacks.
- Only drink milk or water between meals.
- Limit eating occasions to three meals a day with one snack in between.
- Reserve sweets for special occasions, preferably with meals.

Routine Dental Office Visit

- Establish dental home
- Exam
- Radiograph

1st Dental Visit & Dental Home: Importance

- Every child needs a dental home
- Start as early as possible, by age 1
- Evaluation of growth and development
- Dental irradiators provide guidance to caregivers for proper hygiene (i.e., brushing, flossing, etc.)
- Positive dental experiences - help lower fear of dentist & dental treatments
- Early visit to a dentist results in early detection and prevention of caries

Preventive/Treatment Dental Office Visits

- Enhanced preventive services, every time needed
- Teeth cleaning
- Fluoride varnish
- Sealants to prevent enamel as child ages
Module 2 Slides

Fluoride Varnish
- Protects teeth from tooth decay
- Topical application
- Fast & easy
- Tasteless
- Tastes good

Fluoride Supplement
- Children who drink fluoridated water should NOT receive supplements.
- Children in Alameda County do not have fluoridation in their drinking water, and fluoride supplements will be needed.
- Patients' sources of water need to be determined first:
  - Fluoridated city water
  - Non-fluoridated city water
  - Well water
  - Bottled water (variable fluoride levels)
  - Still water (variable fluoride levels)

Treatment of ECC
- Mild ECC
- Fluoride varnish
- Silver diamine fluoride
- Moderate to Severe (brown spots, cavities)
- Fillings
- Stainless steel or esthetic crowns
- Extraction of badly infected teeth

Quick Quiz/Assessment (5 min)
- Myth: Baby teeth are not important?
- Myth: Babies are born with tooth decay causing bacteria?
- Myth: How does a child get tooth decay causing bacteria?
- Myth: Routine or early dental visits are not needed for very young children?

Role of CDCCs
- Early assessment of dental needs (with some tools)
- Find out if the baby has dental home
- Did baby have 1st dental visit - by age 1
- Give oral health education
- These are all part of dental care coordination & will be discussed in detail in Module 8 & 9

Role of CDCCs
- Early assessment of dental needs (with some tools)
- Find out if the baby has dental home
- Did baby have 1st dental visit - by age 1
- Give oral health education
- These are all part of dental care coordination & will be discussed in detail in Module 8 & 9
MODULE 2 Slides

Dental Needs Assessment Tools

- Anticipatory guidance counseling (Form F3)
- Goal setting - oral/dental health behavior (Form F4)
- Periodicity table (Form F7)
- Urgency of care (Form F8)
- Oral health/Cariogenic risk assessment (higher need in younger children) (Form F9)

Recommendations for Pediatric Oral Health Care

Clinical guideline on priorities of interventions, preventive care, anticipatory guidance, and environment for children.

Urgency Dental Care Decision Tree

CDCC Training Curriculum/ACPHD Office of Dental Health/HTHC/2020
MODULE 2 Slides

**Small Group Activity:**
Case Scenario/Role Play

- Group size: 5 participants, mixed group
- Present tool to next group (2 pairs, 2 individuals)
- Multicultural (represented)

Case scenario topic:
A mother brings her 3-year-old and newborn to a dental screening. When the older sibling is noncomitant, the doctor notes he has three unerupted carious lesions on the upper anterior teeth. Today, he expires.

- What factors might contribute to these lesions?
- What advice would you give to prevent this from happening?
- What do you suspect the caries risk for the newborn might be?
- What advice would you give the mother regarding the oral care of her newborn child and the 3-year-old?

**3 Key Takeaways of Module 2**

1. Baby teeth are important for many reasons including overall health.
2. Teeth of 0-5 year olds are vulnerable and needs routine dental care.
3. Early Childhood Caries is preventable & reversible.
MODULE 3
Oral Health Care for Ages 6-20 Years
Duration: 4 hours

OVERVIEW
This module will discuss some oral health concepts for ages 6-20 years. This includes mixed dentition, oral health risk factors, common dental problems, oral health hygiene techniques, healthy eating habits, and preventive strategies for teenage years to early adulthood, etc. with specific oral health messages for this age group. This module will also discuss the importance of the dental office visits, and treatment options available at home and at dental office. The module will also give skills to the CDCCs to do a preliminary visual assessment of dental care needs, timing of care determination, and follow up (for treatment or continuity of care).

The information in this module will enable the CDCCs to care coordinate timely, appropriately, and effectively. The depth of the module’s content will be appropriate for a community dental care coordinator level. The module is designed to engage the trainees through exercises that will enhance their understanding and commitment to improving the dental health of children aged 6-20 years.

LEARNING OBJECTIVES
At the end of this session, the participants will be able to:
1. Describe some oral health concepts for ages 6-20 years.
2. Describe the common dental health problems for ages 6-20 years.
3. Describe some preventive strategies to reduce the common dental health problems for ages 6-20 years.
4. Describe the role of community dental care coordinators’ in improving dental care for ages 6-20 years.

TRAINER
Dental Health Administrator, HTHC COP Manager

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CDCC Training Curriculum/ACPHD Office of Dental Health/HTHC/2020
RESOURCES-HANDOUTS

Common Item for All Modules

| Registration/Sign-in sheet (only for organizers) | Needed |
| Training packet/binder | Needed |
| Agenda for the day | Needed |
| Copy of PowerPoint presentation – total 54 slides | Needed |
| • Oral health concepts - 6 slides |
| • Common dental problems - 6 slides |
| • Preventive strategies - 25 slides |
| • Role of CDCCs - 11 slides |
| • Small group activity - slide |
| • Other - 5 slides |
| Project flyers, brochure, poster, booklet (English, Spanish, Chinese) | Needed |
| Dental kits (tooth brush, tooth paste, floss, goal setting tool) | Needed |
| Module evaluation-satisfaction survey – paper form or survey monkey | Needed |

Specific Item for This Module

None

AGENDA

<table>
<thead>
<tr>
<th>Time (4hr)</th>
<th>Activity/Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 15 min</td>
<td>Welcome, Housekeeping, Introductions</td>
</tr>
<tr>
<td>2. 15 min</td>
<td>Icebreaker</td>
</tr>
<tr>
<td>3. 30 min</td>
<td>Oral Health Concepts: Ages 6-20 Years</td>
</tr>
<tr>
<td></td>
<td>20 min lecture</td>
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<tr>
<td></td>
<td>10 min Q&amp;A</td>
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<tr>
<td>4. 45 min</td>
<td>Common oral health problems: Ages 6-20 Years</td>
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<td>30 min lecture</td>
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<td>15 min Q&amp;A</td>
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<td>5. 90 min</td>
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<td>75 min lecture</td>
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<td>15 min Q&amp;A</td>
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<td>6. 30 min</td>
<td>Small Group Activity</td>
</tr>
<tr>
<td>7. 15 min</td>
<td>Wrap up-Close &amp; Evaluation of Module</td>
</tr>
<tr>
<td></td>
<td>5 min close;</td>
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<tr>
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<td>5 min evaluation;</td>
</tr>
<tr>
<td></td>
<td>5 min extra time</td>
</tr>
</tbody>
</table>

Registration, breaks, lunch: these times will be decided by trainer and organizer.
DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)
   • This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
   • This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
   • The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
   • Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
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   • This is the time for the trainees to get to know the relevant Alameda County/project staff.
   • The facilitator should ask the participants to introduce themselves (name, organization, role in project). Keep it brief.
   • Ask if every participant has signed-in, if everyone has all the handouts for this module.
   • Encourage the participants to ask questions during anytime in the training.
   • Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (15 min)
   • Ask participant to ask person to the right for their favorite webinar during the shelter.
     or
   • Ask participant to ask person to the left to share a caregiver’s dental condition that surprised you.

3. Presentation #1: Oral Health Concepts for Ages 6-20 Years (30 min)
   • This presentation will use PowerPoints; 1-5 minute per slide, some slides may take more or less time.
   • This presentation will provide information related to learning objective #1:
     o Describe some oral health concepts for ages 6-20 years.
   • The section will review information on how a child transitions from mixed dentition to 32 adult teeth, lifestyle and dietary changes that affect oral health, and some dental preventive strategies for this age group.

4. Presentation #2: Common Dental Problems for Ages 6-20 Years (45 min)
   • This presentation will use PowerPoints; 1-5 minute per slide, some slides may take more or less time.
   • This presentation will provide information related to learning objective #2:
     o Describe some common dental health problems for ages 6-20 years.
5. Presentation #3: Preventive Strategies for Age 6-20 Years (90 min)
- This presentation will use PowerPoints; 1-5 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #3 & 4:
  o Describe the preventive strategies for ages 6-20 years.
  o Describe the role of community dental care coordinators’ in improving dental care for ages 6-20 years.
- This section will review information related to daily oral hygiene, diet-nutrition-eating practices, routine dental visits, and preventive-treatment dental visits.
- This section will review information related to needs assessment tools that the CDCCs will use to help their clients. For example, anticipatory guidance, urgency of care, caries risk assessment, periodicity, goal setting, etc.

6. Small Group Activity (30 min)
This sub-section is designed to engage the trainees through an exercise that will enhance their understanding and commitment to improving the dental health of children aged 6-20 years.

Small Group Discussion (10 minutes)
Group size: 5 groups, 5 participants in each group

Case scenario topic:
You meet a mother who has 12-year and 18-year old sons. Mother tells you her 12-year old son had extensive dental work when he was little and they fear going to the dentist. Her family members brush their teeth once a day with baking soda. The 18-year old says his teeth are perfect. On visual assessment you see extensive discoloration, cavities, etc.
- What tools will you use to assess the dental needs of each boy?
- Which oral health messages will most benefit this family? Why would you select these messages?
- Is there any urgent need of this family?

Report back by each group (15 min, 3 min/group)
Each group says what they will do for their HTHC clients in the future based on this seminar.

Question and Answer/Conclude (5 minutes)

7. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)
- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.
<table>
<thead>
<tr>
<th>Oral Health Concepts, Needs, and Problems by Age</th>
</tr>
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<tbody>
<tr>
<td><strong>Oral Health Concepts</strong></td>
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<tr>
<td>Primary teeth, Teething</td>
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<tr>
<td><strong>Common Dental Problems</strong></td>
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<tr>
<td><strong>Other Problems</strong></td>
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<tr>
<td><strong>Additional Risks</strong></td>
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<tr>
<td><strong>Selfcare, awareness of importance of oral health, &amp; recognizing problems in mouth</strong></td>
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<tr>
<td><strong>Daily Oral Hygiene</strong></td>
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<tr>
<td><strong>Diet, Nutrition, Eating Practices</strong></td>
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<tr>
<td><strong>Routine Dental Office Visit</strong></td>
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<tr>
<td><strong>Preventive/Treatment Dental Office Visit (follow-up, continuity of care)</strong></td>
</tr>
<tr>
<td><strong>Assessment of Dental Needs by CDCCs (with tools)</strong></td>
</tr>
<tr>
<td><strong>Caries risk assessment</strong></td>
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<tr>
<td><strong>Anticipatory guidance</strong></td>
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<tr>
<td><strong>Goal setting</strong></td>
</tr>
<tr>
<td><strong>Periodicity of examination</strong></td>
</tr>
<tr>
<td><strong>Urgency of care determination</strong></td>
</tr>
</tbody>
</table>
MODULE 3 Slides

Oral Health Care for Ages 6-20 Years
Module 3

Office of Dental Health
Alameda County Public Health Department.

Learning Objectives
1. Describe some oral health concepts for ages 6-20 years.
2. Describe the common dental health problems for ages 6-20 years.
3. Describe some preventive strategies to reduce common dental health problems for ages 6-20 years.
4. Describe the role of community dental care coordinators in improving dental care for ages 6-20 years.

Oral Health Concepts for Ages 6-20 years

Most concept topics were already discussed in Module 2 (slides 3-10).

Wisdom Teeth (third molars)

- Usually come out around ages 17 to 21.
- Two on top and two on bottom - usually.
- More likely to have issues with these molars than with any other teeth.
- Extraction, when needed, is usually performed by a dentist.
- Treatment: Extractions (simple, no removal of bone), or surgical may require that gums be flap-sown, and removal of jaw bone around teeth, usually done under general anesthesia.

Mixed Dentition

- Both primary & adult teeth present
- Permanent teeth form behind the roots of the baby teeth
- Between ages 6-13
- Age 6: permanent 1st molar erupts
- 10% of children ages 6-7 experience 2 rows of teeth
- Age 12-13: all primary teeth replaced
MODULE 3 Slides
MODULE 3 Slides

Progression of Gum Disease: a continuum

Gingivitis vs Periodontitis

Gingivitis (early stage)
- Inflammation of gum and gingiva
  - Reversible
- Treatment: brushing, flossing

Periodontitis (intermediate to late stage)
- Inflammation + destruction of bone & tissues below the gums
  - Irreversible
- Treatment: brushing, flossing, deep cleaning at dental office

Healthy

Periodontitis in children is a chronic inflammatory condition. It is associated with other diseases e.g. heart & diabetes.

Preventive Strategies for Ages 6-20 Years

- Daily Oral Hygiene
- Diet, Nutrition, Eating Practices
- Routine Dental Office Visits
- Preventive/Treatment Dental Office Visits
- Preventive strategies for special risks for 11-20
- Awareness of importance of oral health, recognizing problems in mouth
- Develop self care skills for oral health

Daily Oral Hygiene: Tooth brushing/flossing ages 6-10

- Brush teeth twice a day for 2 minutes with soft toothbrush
- Especially at bedtime (decreased salivary flow)
- Help child choose pea size amount of fluoridated toothpaste
- Floss after brushing
- Parents stay involved in oral hygiene practices

Tooth Brushing Tips Age 6-10 Years

- Have child spit out the toothpaste after brushing.
- Don’t rinse with water immediately after brushing with toothpaste to allow fluoride to benefit the teeth longer.
- No food or drink after brushing.
- Electric toothbrushes with timers are useful in cleaning the teeth.
**MODULE 3 Slides**

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**Tooth Brushing Techniques: Age 11-20 Years**

- Hold brush at a 45 degree angle against gum line.
- Gently brush in rows from the cheek to the gum line, then from the gum line to the cheek.
- Use the same method to brush all outside and inside surfaces of your teeth.
- To clean the chewing surfaces of your teeth, use short, sweeping strokes, tipping the bristles into the pits and valleys of the tooth.
- To clean the inside surfaces of your top and bottom front teeth, place your brush along the gum line and gently brush back and forth.
- Using a forward-ramping motion, gently brush your tongue and the roof of your mouth to remove the debris and bacteria that exist in these places.

---

**Flossing**

Flossing removes plaque and excess food particles in areas that toothbrush doesn’t reach.

- Regular use of dental floss removes plaque, which can lead to tooth or gum disease.
- It also helps prevent tooth decay.

Children ages 6-10 can use the plastic flossers with the help of their parents.

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**Flossing Tips: Ages 11-20 Years**

- Break off about 18” of floss and wind most of it around one of your middle fingers.
- Hold the remaining floss around the same finger of the opposite hand.

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**Flossing Tips: Ages 11-20 years (continued)**

- Guide the floss between your teeth using a gentle rubbing motion. Never snap the floss into the gums.
- When the floss reaches the gum line, curve it into a C shape against one tooth. Gently slide it into the space between the gum and the tooth.

---

**Flossing Tips: Ages 11-20 years (continued)**

- Hold the floss tightly against the tooth. Gently rub the side of the tooth, using the floss away from the gum with an up and down motion. Don’t forget the back side of your back teeth.

---

**Diet, Nutrition, Eating Practices ages 6-10**

- Eat whole fruits rather than processed fruit or drink fruit juice
- Drink water or milk between meals instead of sugar sweetened beverages/soda
- Drink fluoridated (tap) water
- Eat tooth healthy snacks between meals (fruits, vegetables)
MODULE 3 Slides

Diet, Nutrition, Eating Practices: Age 11-20 Years
- Everything on previous slide is repeated.
- Avoid sugar sweetened beverages
- Coffee/tea - stain teeth
- Eating disorders

Common Eating Disorders in Teens
- Anorexia: starved/purging, fear of gaining weight, lower weight
- Bulimia: binge/purge, normal weight

Routine Dental Office Visits 6-20 years
- Children should have seen a dentist by the time they go to school
- Visit dentist 2 times a year (6 months + 1 day apart)
- X-rays taken
- Teeth cleaned

Preventive/Treatment Dentist Visits age 6-20 years
- Fluoride varnish
- Sealants placed on permanent 1st and 2nd molars
- Space maintenance (passive)
- Orthodontics (active)

Fluoride Varnish, Sealant
- Fluoride is a natural element that helps to prevent cavities and repair early stages of tooth decay. A fluoride varnish is applied to tooth surface.
- Fluoride supplement (if child not getting fluoride through drinking water).
- A sealant is a thin layer of plastic that is bonded to the biting surfaces of back teeth where decay occurs most often. The sealant fits in grooves to keep plaque out and provide a smooth surface that is easy to clean.
- Children with sealants have 89% less cavities than children without sealants.

Space Maintenance (for mixed dentition)
- Used when a primary tooth is lost prematurely
- Prevent undesirable movements from adjacent teeth causing crowding
- Space maintainers can be fixed or removable
- Can be used on maxillary or mandibular arch
- Loss of space is one of the main causes of a bad bite (malocclusion)
MODULE 3 Slides

Electronic Cigarettes, Vaping
- E-cigarettes are smokeless, refillable cartridges that heat liquids that contain nicotine
- Very popular among teenagers
- New cases of respiratory illnesses linked to vaping
- Symptoms include cough, chest pain, nausea, shortness of breath, vomiting, diarrhea
- High doses can lead to cancer and death
- CDC does not recommend e-cigarette products for youth, young adults, and pregnant women

Oral Health Effects of Smoking
- Dry mouth
- Stained teeth, tongue, lip
- Attrition of teeth and enamel
- Impact of acid reflux
- Poor oral hygiene after a tooth extraction or in other ways
- Poor oral health
- Adult periodontics
- Failure of dental implants
- Increases risk of dental caries
- Increases risk of tooth loss

Drugs: Marijuana, Cocaine, Methamphetamine
- Drugs cause dry mouth, stain teeth, poor oral hygiene, chipped teeth, loose tooth

Role of CDCCs for Ages 6-20 years
- Assessment of dental needs (with some tools)
- Find out if child has dental home
- Did the child visit a dentist in the past 12 months
- Giving some health education
- These are all part of dental care coordination & will be discussed in detail in Module 8 and 9

Dental Needs Assessment Tools
- 11 Anticipatory guidance/counseling
- 12 Oral setting and oral health behavior
- 13 Periodontal chart
- 14 Urgency of care
- 15 Oral health/home risk assessment (higher need in younger children, forms available by age group)

Anticipatory Guidance
- Counseling Role of CDCC to encourage self-management and preventive disease practices

Provide Anticipatory Guidance
- Messages for Parents
  - Establish a “Dental Home” by Age One
  - Brush twice a day with a small amount of fluoride toothpaste
  - Ask dentist about sealants to protect pits and grooves from decay
MODULE 3 Slides

Anticipatory Guidance

- Anticipatory guidance is given by the health care provider to assist parents or guardians in the understanding of the expected growth and development of their children.
- Anticipatory guidance, specific to the age of the patient, includes information about the benefits of healthy lifestyles and practices that promote injury and disease prevention.
- Common examples of anticipatory guidance include reminding parents to have their children use bicycle helmets, to use sunscreen, to brush teeth daily.

Conducting Dental Anticipatory Guidance with Parents

- Conversation using Motivational Interviewing technique
- Style of questioning to help parent come up with own plan around managing a health goal
- Your role is to:
  - Ask open-ended questions,
  - Listen without judgment or interruption
  - Summarize or reflect what the parent said

Use How/What to start open-ended questions

<table>
<thead>
<tr>
<th>HOW</th>
<th>WHAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell me about...</td>
<td>To what extent...</td>
</tr>
<tr>
<td>Help me understand...</td>
<td>What else...</td>
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<tr>
<td>How many...</td>
<td>What would it take for you to...</td>
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<td>When...</td>
<td>If you...</td>
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<tr>
<td>How are you feeling about...</td>
<td>What is...</td>
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<tr>
<td>How can I...</td>
<td>What Can you...</td>
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</table>

Recommendations for Pediatric Oral Health Care

Clinical guidance on priorities of examination, preventive dental services, anticipatory guidance, and restorative treatment for children.
MODULE 3 Slides

Common Dental Problems for Ages 0-20 Years: Summary

<table>
<thead>
<tr>
<th>Problem</th>
<th>0-3</th>
<th>4-6</th>
<th>7-11</th>
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<td>Caries</td>
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<td>0</td>
</tr>
<tr>
<td>Tooth decay</td>
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</tr>
<tr>
<td>Plaque</td>
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</table>

Small Group Activity: Ages 6-20 Years (30 min)

- Small Group Discussion (60 minutes) Group size: 3 groups, 5 participants in each group

Case scenario topic:
You meet a mother who has a 12-year-old and a 18-year-old son. Mother tells you her 12-year-old son had extensive dental work when he was little and they fear going to the dentist. Her family members breakthrough their teeth once a day with baking soda. The 18-year-old says his teeth are perfect. On visual assessment you see extreme discoloration, caries, etc.

- What care will you be able to provide the student needs of each case?
- What oral health messages will best benefit this family?
- What would you offer these messages?
- Are there any urgent needs of this family?

Thank you!

Key Takeaways:
- Caries & gum disease is prevalent in ages 6-20 years, but are preventable with good oral hygiene.
- Teenagers have additional oral health risk factors that needs to be considered too.
MODULE 4
Oral Health Care for Children with Special Needs and Pregnant Women
Duration: 3 hours

OVERVIEW
This module will discuss some oral health concepts of children with special needs and pregnant women. For example, their oral health risk factors, common dental problems, oral health hygiene techniques, healthy eating habits, and preventive strategies. This module will also discuss the importance of the dental office visits, and treatment options available at home and at dental office. The module will also give skills to the CDCCs to do a preliminary visual assessment of dental care needs such, timing of care determination, and follow up (for treatment or continuity of care).

The information in this module will enable the CDCCs to care coordinate timely, appropriately, and effectively. The depth of the module’s content will be appropriate for a community dental care coordinator level. The module is designed to engage the trainees through exercises that will enhance their understanding and commitment to improving the dental health of children with special needs and pregnant women.

LEARNING OBJECTIVES
At the end of this session, the participants will be able to:
1. Describe the dental needs of children with special needs and the role of community dental care coordinators’ in improving their dental care.
2. Describe the dental needs of pregnant women and the role of community dental care coordinators’ in improving their dental care.

TRAINER
Dental Health Administrator, HTHC COP Manager

MATERIALS

<table>
<thead>
<tr>
<th>Common Item for All Modules</th>
<th>Needed</th>
</tr>
</thead>
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<tr>
<td>Room for in-person training</td>
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</tr>
<tr>
<td>Setting – chairs &amp; tables</td>
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<td>Projector, cord, pointer, projector screen</td>
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<tr>
<td>Flip charts, pens, markers, writing pads, post its</td>
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<tr>
<td>Video</td>
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</table>

<table>
<thead>
<tr>
<th>Specific Item for This Module</th>
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</thead>
<tbody>
<tr>
<td>Mouth demo model, oversized demo toothbrush</td>
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RESOURCES-HANDOUTS

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<tbody>
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<td>Training packet/binder</td>
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<tr>
<td>- Children with special needs - 10 slides</td>
<td></td>
</tr>
<tr>
<td>- Pregnant women - 8 slides</td>
<td></td>
</tr>
<tr>
<td>- Small group activity - 2 slides</td>
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</tr>
<tr>
<td>- Other - 4 slides</td>
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</tr>
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<tbody>
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<td>3. 45 min</td>
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<tr>
<td></td>
<td>30 min lecture</td>
</tr>
<tr>
<td></td>
<td>15 min Q&amp;A</td>
</tr>
<tr>
<td>4. 30 min</td>
<td>Small Group Activity #1: Children with special needs</td>
</tr>
<tr>
<td>5. 30 min</td>
<td>Pregnant Women</td>
</tr>
<tr>
<td>6. 30 min</td>
<td>Small Group Activity #2: Pregnant women</td>
</tr>
<tr>
<td>7. 15 min</td>
<td>Wrap up-Close &amp; Evaluation of Module</td>
</tr>
<tr>
<td></td>
<td>5 min close;</td>
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<tr>
<td></td>
<td>5 min evaluation;</td>
</tr>
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<td></td>
<td>5 min extra time</td>
</tr>
</tbody>
</table>

Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)
   - This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
   - This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
   - The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
   - Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
• Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
• This is the time for the trainees to get to know the relevant Alameda County/project staff.
• The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
• Ask if every participant has signed-in, if everyone has all the handouts for this module.
• Encourage the participants to ask questions during anytime in the training.
• Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (15 min)
Trainer can choose icebreaker.

3. Presentation #1: Children with Special Needs (45 min)
• This section will use PowerPoint presentation; 1-5 minute per slide, some slides may take more or less time.
• This presentation will provide information related to learning objective #1:
  o Describe the dental needs of children with special needs and the role of community dental care coordinators’ in improving their dental care.
• This session will provide tools and strategies that the CDCCs will use to assist this special population to gain access to timely dental care.

4. Small Group Activity #1: Children with Special Needs (30 min)
This sub-section is designed to engage the trainees through an exercise that will enhance their understanding and commitment to improving the dental interview process.

Small Group Discussion (10 minutes)
  Group size: 5 groups, 5 participants in each group

Case scenario topic:
You meet a pregnant mom who tells you that she has a daughter who has special needs. You have not met the child.
  ➢ What tools will you use to assess the special needs of the child? So you can communicate with the dental office.
  ➢ Which oral health messages will most benefit this family? Why would you select these messages?
  ➢ Is there any urgent need of this family?

Report back by each group (15 min, 3 min/group)
  Each group reports back on your dental interview with this client.

Question and Answer/Conclude (5 minutes)
5. Presentation #2: Pregnant Women (30 min)
- This section will use PowerPoint presentation; 1-5 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #2:
  o Describe the dental needs of pregnant women and the role of community dental care coordinators’ in improving their dental care.
- This session will provide tools and strategies that the CDCCs will use to assist pregnant women to gain access to timely dental care.

6. Small Group Activity #2 – Pregnant Women (30 min)
This sub-section is designed to engage the trainees through an exercise that will enhance their understanding and commitment to improving the dental interview process.

Small Group Discussion (10 minutes)
  Group size: 5 groups, 5 participants in each group

Case scenario topic:
You meet a pregnant mom who tells you that she has a daughter who has special needs. You have not met the child.
- What tools will you use to assess the mom’s dental needs?
- Which oral health messages will most benefit this family? Why would you select these messages?
- Is there any urgent need of this family?

Report back by each group (15 min, 3 min/group)
  Each group reports back on your dental interview with this client.

Question and Answer/Conclude (5 minutes)

7. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min):
- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.
MODULE 4 Slides

Oral Health Care for Children with Special Needs & Pregnant Women

Module 4

Office of Dental Health
Alameda County Public Health Department

Learning Objectives

1. Describe the dental needs of children with special needs and the role of Community Dental Care Coordinators in improving their dental care.
2. Describe the dental needs of pregnant women and the role of Community Dental Care Coordinators in improving their dental care.

Oral Health of Children with Special Needs (neurodevelopmental disabilities)

Children and adults with neurodevelopmental disabilities and other special health care needs are at increased risk for oral health problems.

Barriers to Dental Care for Children with Special Needs

- Disabilities can be barriers to adequate oral care and put them at higher risk for developing oral health problems.
  - e.g. impaired cognitive abilities, behavioral problems, impaired mobility, swallowing problems (swallowing, gagging, and swallowing problems), uncontrolled body movements, or autism.

- Family's low oral health literacy
- Lack of special transportation
- Institutionalization
- Few dental providers who have the knowledge and skill to treat special needs patients.

How Disability is a Barrier to Good Oral Health

- Children with disabilities and other special needs have more oral health problems than other children.
  - Poor oral health care and no oral health education.

- Child with poor motor control—unable to hold toothbrush

- Child has a child—defensive” won’t allow mouth to be opened

- Child takes meds that are sweated—promotes decay

- Child takes meds that reduce saliva—promotes decay
MODULE 4 Slides

How Disability is a Barrier to Good Oral Health
- Children who cannot chew or move their tongues properly do not benefit from the natural cleaning action of the tongue, cheek, and lip muscles.
- Children with poor motor coordination such as spinal cord injuries, muscular dystrophy, or cerebral palsy may not be able to clean their own teeth or use the usual brushing and flossing methods.
- Children who need help drinking may drink less fluid than other children, and may not have enough saliva in their mouth to help wash away food particles.
- Some anti-seizure medications may cause swelling or bleeding in the gums.

Special Role of Care Giver
- Adult assistance in daily oral hygiene
- Use fluoride containing toothpastes.
- Avoid/make less sugary snacks & drinks.
- If the child has a problem grasping the toothbrush, make the toothbrush easier to hold by building up the handle with tape.
- Contact the provider & inform them about the child’s disabilities.

Oral Preventive Care
- Brush at least twice a day with a soft toothbrush.
- Focus on the area where the tooth meets the gum.
- Use a good quality electric toothbrush for best results.
- Floss/denture by the teeth daily.

Specialized Hygiene Aides
- Tongue cleaner
- Interdental flossers
- Toothbrushes with holders

Role of CDCCs: Children with Special Needs
- CDCCs have to know some specific information about the child with special needs e.g. age of child, if there is a medical diagnosis, does the child use wheelchair, can the child speak/communicate, what disability does child have (physical and/or mental), what does the caregiver have to do for the child.
- CDCCs have to be aware of the need of the child
- Discuss with caregiver how CDCC can help during a dental appointment
- Children with special needs should be referred to pediatric dentist

Assessment Tool for CDCCs
All the assessment tools used for any 0-20 year old patients/clients.

- Age of child
- Gender of child
- Specifics of disability (physical, behavioral, developmental)
- Use children’s toothpaste
- Use child’s toothbrush
- Use child’s medication
- Use special equipment
- Use special equipment for mobility
- Use special equipment for sensory
- Use special equipment for vision
- Use special equipment for communication
- Use special equipment for feeding

After this initial assessment, CDCCs need to follow specific instructions of dental office.
MODULE 4 Slides

Small Group Activity #1: Children with special needs (30 min)
Small group discussion (30 min) - 5 groups, 5 participants in each group.
Case scenario steps:
- You meet a pregnant mom who tells you that she has a daughter who has special needs. You have not met the child.
- What tools will you use to assess the daughter’s dental needs? How can you communicate with the dental office.
- What messages will you share with this family? Why would you select those messages?
- Is there anyone else who needs the family?
Group task by each group (15 min, 3 min/group)
G&A: (5 min)

Oral Health Care for Pregnant Women

Importance of Oral Health During Pregnancy
- Pregnancy’s unique physiological changes may adversely affect oral health.
- Pregnant woman’s oral health affects her own health.
- Pregnant woman’s oral health affects her baby’s health.

Link Between Oral Disease and Adverse Pregnancy Outcomes
- Higher risk of cavities due to eating habits.
- Higher risk of gingivitis (80-90% pregnant women have gingivitis), which may be aggravated by changing hormones during pregnancy.
- Periodontal disease is associated with prematurity, low birth weight.
Source: CDC

Link between Pregnant Woman’s Oral Health & Baby’s Oral Health
- Most young children acquire caries-causing bacteria from their mothers.
- Women who have a lot of cavity-causing bacteria during pregnancy and after delivery can transmit these bacteria from their mouths to the mouth of their baby.
- Early contact with these bacteria and other sugars, such as breast feeding or bottle feeding, can lead to early childhood caries and the need for extensive dental care at a young age.
Source: CDC

Why Pregnant Women Don’t Seek Dental Care?
- Not understanding that oral health care is an important part of a healthy pregnancy.
- May believe that poor oral health status during pregnancy is normal.
- Belief that dental procedures might cause miscarriage.
- High cost, uninsured, underinsured.
Source: CDC
MODULE 4 Slides

**Dental Visits During Pregnancy**

**Treatment Tips**

- **First Trimester**
  - Care should begin early especially if extractions are needed
  -abloking foods in the first trimester can avoid morning sickness

- **Second Trimester**
  - The overall health of women
  - Organizing as usual, reducing the risk of any necessary medication exacerbation

- **Third Trimester**
  - Placental reserve is very limited allowing little to no aborts
  - Knowledge sharing and seeking continually
  - Avoiding foods that favor aminos and proteins to health

**Good Oral Health During and After Pregnancy**

- Practice daily oral hygiene
- Eat healthy foods
- Avoid snacking
- Take care of your mouth and your baby’s mouth after the baby is born
- See a dentist regularly

**Role of CDCCs: Pregnant Women**

- Assess anxiety/wellness.
- Provide appropriate antenatal guidance, counseling, and educational intervention techniques.
- Reassure women that oral health care is safe throughout pregnancy; care does not slow miscarriage.
- Advise women to schedule an appointment with a dentist.
- Provide referral, if needed.
- Counsel women to follow dental office recommendations.

**Small Group Activity #2: Pregnant Woman (30 min)**

Small group discussion (30 min) - 3 groups; 5 participants in each group

- Case scenario topic:
  - You meet a pregnant mom who tells you that she has a daughter who has special needs. You have not met the daughter.
  - What tools will you use to assess the mom’s needs?
  - What do expect as the mom’s health and the baby’s health?
  - Would you refer these messages?
  - Is there any urgent need of this family?

- Report back to each group (12 mins; 3 mins/group)
- CBA (5 mins)

**Key Takeaways of Module 4**

- Children with special needs require a team approach of parents, dentists, and CDCCs.
- Pregnant women need to take care of their teeth and be counseled on how their condition may affect their own health & health of the infant.
MODULE 5
Oral Health Education
Duration: 4 hours 30 minutes

OVERVIEW
This module will describe the importance of oral health education in achieving good oral health. Such as its importance and impact on behavior change, various methods of providing oral health education, various topics about maintaining good oral health for ages 0-20 years, and the roles and responsibilities of CDCCs in providing oral health education.

The participants will also learn the difference between oral health education and Family Oral Health Education (FOHE); FOHE is provided by dental office staff to patients. The philosophy is that if oral health education is provided by both CDCCs and dental offices, more information will be retained by the families leading to better dental health practices of their families. This is based on lesson learned from HTHC i.e. after families got an oral health education from the CDCCs, they were more receptive to the oral health education messages received at dental offices. Dental office staff reported that it was easier to convince families to practice different dental hygiene practices.

LEARNING OBJECTIVES
At the end of this session, the participants will be able to:
1. Describe oral health education – definition, its importance, methods of providing oral health education, topics of good oral health care.
2. Describe the roles and responsibilities of community dental care coordinators’ in providing oral health education.
3. Describe basic information about Medi-Cal Dental Program e.g. benefits available through Medi-Cal.

TRAINER
Dental Health Administrator, Staff from Medi-Cal Dental Program

MATERIALS

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<td>2.</td>
<td>Oral Health Education</td>
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<tr>
<td>45 min</td>
<td>30 min lecture</td>
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<td>15 min</td>
<td>Q&amp;A</td>
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<td>3.</td>
<td>Small Group Activity-Role Play #1</td>
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<td>15 min</td>
<td>Q&amp;A</td>
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<td>Small Group Activity-Role Play #2</td>
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<td>15 min</td>
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Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)
   - This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
• This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
• The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
• Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
• Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
• This is the time for the trainees to get to know the relevant Alameda County/project staff.
• The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
• Ask if every participant has signed-in, if everyone has all the handouts for this module.
• Encourage the participants to ask questions during anytime in the training.
• Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (15 min)
Trainer can choose icebreaker.

3. Presentation #1: Oral Health Education (45 min)
• This presentation will use PowerPoint presentation; 1-3 minute per slide, some slides may take more or less time.
• This presentation will provide information related to learning objective #1 & 2:
  o Describe oral health education – definition, its importance, methods of providing oral health education, topics of good oral health care, etc.
  o Describe the roles and responsibilities of community dental care coordinators’ in providing oral health education.

4. Small Group Activity #1: Role Play (60 min)
The purpose of this session is to provide each CDCC a practical experience of providing oral health education. Half of the CDCCs will play the “role of CDCC” today (6 in 1st Small Group Activity, and 6 in 2nd Small Group Activity). The other half of the CDCCs will practice their ‘CDCC’ role in the next module (Module 6 – Effective Communication).

  Break into small groups (10 minutes)
  Group size: 25 participants - 6 groups, 4 participants in each group (2 different scenarios will be given to the group). Each group will have one participant be “the CDCC” and the other participants can be caregiver or child.

  Role Play in front of entire class (30 min, 5 min/group)
Participants will give feedback (18 min, 3 min/group): immediately after a group finishes their role play. The trainer will give feedback only if any points are not covered by the participants.

  Question and Answer/Conclude (2 minutes)
Scenario #1:
A mother brings her 3-year old and newborn. The CDCC notes that the older child has three untreated carious lesions on his upper anterior teeth.

- What will you say to the mother so she changes the feeding practice?
- What advice would you give her to prevent this from getting worse?
- What will you say to a mother so she takes her child to a dentist?

Scenario #2:
You meet a mother who has 12 year and 18-year old sons. Mother tells you her 12-year old son had extensive dental work when he was little and they fear going to the dentist. Her family members brush their teeth once a day with baking soda. The 18-year old says his teeth are perfect. On visual assessment you see extensive discoloration, cavities, etc.

- How will you convince that the 12-year old needs to see a dentist regularly to prevent worse dental problems?
- How will you convince the 18-year old that he also needs to better care for his teeth?
- What will you advice this family to maintain their daily oral hygiene?
- Which oral health messages will most benefit this family? Why would you select these messages?

5. Presentation #2: Medi-Cal Dental Program (60 min)
- This presentation will use PowerPoint presentation; 1-3 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective # 3:
  - Describe some basic information about Medi-Cal Dental Program e.g. benefits available through this program.

6. Small Group Activity #2: Role Play (60 min)
Those who didn’t play CDCC role in today’s first group will do so during this session.

Break into small groups (10 minutes)
  Group size: 25 participants - 6 groups, 4 participants in each group (3 different scenarios will be given). Each group will have one participant be the CDCC and the other participants can be caregiver or child.

Role Play in front of entire class (30 min, 5 min/group)

Participants will give feedback (18 min, 3 min/group): immediately after a group finishes their role play. The trainer will give feedback only if any points are not covered by the participants)

Question and Answer/Conclude (2 minutes)
**Scenario #3:**
You are tabling at a health fair (or a WIC site). You are meeting families who say they have children but they have never seen a dentist. The mother thinks the children don’t have any problems and mother doesn’t know where the dentist locations are.

- How will you start the conversation with the mother about oral health education for better oral health?
- How will you convince mother that the family should see a dentist even if no one has any dental problems?

**Scenario #4:**
Mother with child at health fair. Child is holding a lollipop on one hand while the caretaker is sharing her soda with him. They are very interested in the goody bags you have.

- How will you use your materials to engage and talk with the mother?
- What will be the regular oral care for the child and the family?
- How will you motivate them to see a dentist?

**7. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)**
- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.
MODULE 5 Slides

Oral Health Education
Module 5
Office of Dental Health
Alameda County Public Health Department

Learning Objectives
1. Describe oral health education - definition, its importance, methods of providing oral health education, topics of good oral health care.
2. Describe the roles and responsibilities of community dental care coordinators in providing oral health education.
3. Describe basic information about Medi-Cal Dental Program e.g. benefits available through Medi-Cal.

Describe Oral Health Education

What is Health Education?
Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.

- World Health Organization (WHO)

Health education increases knowledge, changes attitudes, and empowers individuals and communities to live healthier lives by improving their physical, mental, emotional and social health. Office of Dental Health, 2012

Oral health education is part of the broader topic of health education. This presentation will focus on oral health education.

Purpose and Importance of Health Education
The purpose of health education is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health.

- Health education improves the health status of individuals, families, communities, states, and the nation.
- Health education enhances the quality of life for all people.
- Health education reduces preventive needs.
- By focusing on prevention, health education reduces the costs (both financial and human) that individuals, employers, families, insurance companies, medical facilities, communities, the state and the nation would spend on medical treatment.

Core Coordinator/CDCs plays a big role in oral health education and oral health care.

Methods of Health Education

Health Education are carried in 3 different levels

1. Individual
   - Personal contact
   - Home visit

2. Group
   - Lecture
   - Demonstration
   - Group Discussion
   - Role play
   - Buzz Group

3. Community/Mass
   - Television
   - Radio
   - Newspaper
   - Internet
   - Film

http://www.ophcrp.org/programinformation/healthpromotion/10021.html
MODULE 5 Slides

Medi-Cal Dental Program

What is Medi-Cal?
Medi-Cal is California’s Medicaid program. This is a public health insurance program which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer, or HIV/AIDS. Medi-Cal is financed equally by the state and federal government.

Source:
https://www.dmv.ca.gov/services/medi-cal

What is Medi-Cal Dental Program?
Medi-Cal offers free or low-cost health care for eligible California residents including dental benefits. Provide your Medi-Cal Benefits Identification Card (BIC) to your dental provider to receive dental services. You do not need to apply separately for Medi-Cal Dental.

Source: Beneficiary Handbook, 2013
https://www.dmv.ca.gov/OC_Documents/beneficiary/BC_member_handbook_english.pdf

Medi-Cal Eligibility & Enrollment

Eligibility
- Income: 150% of poverty level
- 65 and older
- Blind

Enrollment
- Program is a Medicaid and Medicare health care program
- On behalf of adults under 65
- Applications submitted to local office

Benefits
- Inpatient and outpatient care
- Urgent care for physical and dental

Services covered continued

http://www.dmv.ca.gov/OC_Documents/provision/provider_bullets/Volume_36_Number_22.pdf
MODULE 5 Slides
MODULE 6
Effective Communication
Duration: 5 hours

OVERVIEW
This module will discuss the role of effective communication and how that can motivate clients/patients to adopt positive behavioral changes about oral health care. This includes practicing better dental care at home, making routine dental visits, increasing scheduling success rates for clients’ first dental visit, lowering appointment cancellation rate, importance of keeping continuing care visits, etc. This module will discuss communication skills related to establishing rapport, personality styles, and Motivational Interviewing techniques that affect the way clients/patients may give and receive information that affect a good oral health outcome.

LEARNING OBJECTIVES
At the end of this session, the participants will be able to:
1. Describe the importance of effective communication.
2. Describe ways to establish instant and positive rapport.
3. Identify personality styles and how to use them effectively.
4. Describe the importance and value of Motivational Interview technique for effective communication with patients.
5. Explain how CDCCs will use Motivational Interview technique for clients/patients with oral health needs.

TRAINER
Dental Health Administrator, HTHC Care Coordination Manager, HTHC Project Director

MATERIALS

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AGENDA

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<tr>
<th>Time (5 hr)</th>
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<tr>
<td>1. 15 min</td>
<td>Welcome, Housekeeping, &amp; Introductions</td>
</tr>
<tr>
<td>2. 15 min</td>
<td>Icebreaker</td>
</tr>
<tr>
<td>3. 45 min</td>
<td>Effective Communications &amp; Establishing Rapport</td>
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<tr>
<td></td>
<td>30 min lecture</td>
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<td>15 min Q&amp;A</td>
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<td>4. 60 min</td>
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<td>25 min role play</td>
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<td>15 min Q&amp;A</td>
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<td>Small Group Activity: Role Play #1</td>
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<td>Scenario 4</td>
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Registration, breaks, lunch: these times will be decided by trainer and organizer.
DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)
   - This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
   - This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
   - The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
   - Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
   - Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
   - This is the time for the trainees to get to know the relevant Alameda County/project staff.
   - The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
   - Ask if every participant has signed-in, if everyone has all the handouts for this module.
   - Encourage the participants to ask questions during anytime in the training.
   - Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (15 min)
   Trainer can choose icebreaker.

3. Presentation #1: Effective Communication and Establishing Rapport (45 min)
   - This presentation will use PowerPoints; 1-2 minute per slide, some slides may take more or less time.
   - This presentation will provide information related to learning objective #1 & 2:
     o Describe the importance of effective communication.
     o Describe ways to establish instant and positive rapport.
   - This presentation will describe some techniques to establish instant and positive rapport and trust with patients.

4. Presentation #2: Personality Styles (60 min)
   - This presentation will use PowerPoints; 1-3 minute per slide, some slides may take more or less time.
   - This presentation will provide information related to learning objective #3:
     o Identify personality styles and how to use them to communicate effectively.
   - This presentation will provide information about the four major personality styles so the Community Dental Care Coordinators can understand their own and that of their clients’ styles to have better communication, and be more effective in guiding the clients to take charge of their own dental health. Role play scenarios will be used to build some communications skills.
5. Presentation #3: Motivational Interview (30 min)

- This presentation will use PowerPoints; 1-4 minutes per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #4 & 5:
  - Describe the importance and value of a Motivational Interview technique for effective communication with patients.
  - Describe how CDCCs will use Motivational Interview technique for families with oral health needs.
- The presentation will give information on how a good Motivational Interview can lead clients to self-motivate and practice good home oral hygiene and to seek regular and continuing dental care. The Community Dental Care Coordinators will practice different scenarios to get hands-on experience about using MI techniques.

6. Small Group Activity #1 – Role Play (60 min)

The purpose of this session is to provide each CDCC a practical experience of using Motivational Interviewing techniques for effective communication. Half of the CDCCs who did not participate as “CDCC” in the previous Module 5/Oral Health Education will play the “role of CDCC” today (6 in 1st Small Group Activity, and 6 in 2nd Small Group Activity).

Break into small groups (10 minutes)

- Group size: 25 participants - 6 groups, 4 participants in each group (2 different scenarios will be given to the group). Each group will have one participant be “the CDCC” and the other participants can be caregiver or child.

Role Play in front of entire class (30 min, 5 min/group)

- Participants will give feedback (18 min, 3 min/group): immediately after a group finishes their role play. The trainer will give feedback only if any points are not covered by the participants.

Question and Answer/Conclude (2 minutes)

Scenario #1
You are tabling at a health fair (or a WIC site). You are meeting families who say they have children but they have never seen a dentist. The mother thinks the children don’t have any problems and mother doesn’t know where the dentist locations are.

How will you talk to the mother so that:

- Use the scaling tool to identify the readiness of clients to use routine dental care.
- Based on the readiness, how will you communicate with client to make positive oral health and lifestyle changes.
- Meet you for the initial dental visit.
- Commit to seeing a dentist.
Scenario #2
You meet a mother who has 12-year and 18-year old sons. Mother tells you her 12-year old son had extensive dental work when he was little and they fear going to the dentist. Her family members brush their teeth once a day with baking soda. The 18-year old says his teeth are perfect. On visual assessment you see extensive discoloration, cavities, etc.
How will you talk to the mother so that:
- Use the scaling tool to identify the readiness of these clients to use routine dental care.
- How will you motivate that their current daily oral hygiene is not enough for good oral health.
- Using MI technique how will you motivate this family to go back to seek dental care again.

7. Small Group Activity #2 – Role Play (60 min)
Those who didn’t play CDCC role in today’s first group (or in Module 5) will do so during this session.

Break into small groups (10 minutes)
Group size: 25 participants - 6 groups, 4 participants in each group (2 different scenarios will be given to the group). Each group will have one participant be the CDCC and the other participants can be caregiver or child.

Role Play in front of entire class (30 min, 5 min/group)
Participants will give feedback (18 min, 3 min/group): immediately after a group finishes their role play. The trainer will give feedback only if any points are not covered by the participants.

Question and Answer/Conclude (2 minutes)

Scenario #3
Mother with child at health fair. Child is holding a lollipop on one hand while the mother is sharing her soda with him. They are very interested in the goody bags you have.
How will you talk to the mother so that:
- Use the scaling tool to identify the readiness of these clients to use routine dental care.
- How will you communicate with the mother that her child’s snacking practice is not good for dental health.
- Using MI technique how will you motivate this family to practice good oral hygiene and how the contents of the goody bag will be helpful.

Scenario #4
Maria is 20 years old and 13 weeks pregnant. She complains that she is very uncomfortable especially after eating and has been vomiting a few times per day. She has been sipping ginger ale and apple juice frequently during the day because she has a dry mouth. She mentions eating
graham crackers many times during the night to help manage the nausea to allow her to sleep. When asked if she has seen a dentist during this pregnancy Maria says no, that she hasn’t seen a dentist in five years and that her teeth are more sensitive since she has been pregnant. She is anxious to see a dentist and thinks that the dentist will hurt the baby and her.

How will you talk to this client so that:
- Use the scaling tool to identify the readiness of client to use routine dental care.
- How will you communicate with this client that taking care of teeth are important during pregnancy.
- Using MI technique how will you motivate this client to practice good oral hygiene.

8. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)
- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.
Effective Communication

Module 6

Office of Dental Health
Alameda County Public Health Department

Learning Objectives
1. Describe the importance of effective communication.
2. Describe ways to establish instant and positive rapport.
3. Identify personality styles and how to use them effectively.
4. Describe the importance and value of Motivational Interview technique for effective communication with patients.
5. Explain how CDCCs will use Motivational interview technique for clients/patients with oral health needs.

Importance of Effective Communication

Why Effective Communications Skills Are Needed
- Empower you to establish rapport with your clients, teammates, and doctors’ offices
- Empower you to guide your clients to positive oral health habits
- Get you desired results to benefit your clients, teammates, and doctor's office

Outcomes of Effective Communication
- Client will make positive oral health & lifestyle changes
- Meet you for the initial dental visit
- Commit to seeing a dentist for treatment
- Show up to the initial and subsequent dental visits
- Follow through on continuing care
- Fill out proper documentation to start referral process

Techniques of Effective Communication
1. Speak clearly with simple messages
2. Listen actively but without judgment
3. Acknowledge (keep in step with the patient)
4. Mirroring/reflection
5. Offer a solution
6. Get feedback from patient
7. Resolve the problem
8. Follow through
9. Establish rapport
10. Motivational Interview
MODULE 6 Slides

Factors for Speaking Clearly
Speak step by step.
- Use words that are understandable/simple, friendly, and benefits the patient.
- Use softening phrases – they allow you to say what you need to say without offending.
- Use words that create positive feelings.
- Practice with colleagues/supervisor.

Climbing the ladder of communication for more effective communication
Speak towards promise or commitment.
Can you improve these phrases:
1. I should be home to meet you tomorrow.
2. Made it on time a dentist appointment for you.
3. I really would love to help you.
4. I will try to take care of your issue.
5. I promise to call you six months from now to follow up with your dental care.

Use words that are understandable, friendly, and benefits the patient.
- Phrasing:
- Amalgam:
- Endodontic procedure?

Use softening phrases – they allow you to say what you need to say without offending.

Others will react to you based on your words, actions, and feelings.
Exude positive feelings!
1. Name five positive feelings you are experiencing now.
2. Name five positive feelings you are experiencing now.
3. What can you do to change from negative to positive?

What to do | What not to do
---|---
Advocate equal relationship | Dominate the Discussion
Guide | Prescribe
Inspire intrinsic motivation and confidence | Tell client why and how to change
Create an equal and acceptable atmosphere | Focus on behavior change at the cost of empathy
Actively listen and encourage change talk | Convince and hand down expert knowledge/weight
MODULE 6 Slides

Establishing Rapport & Trust

Tips for Establishing Rapport and Trust
- Make eye contact
- Use the person’s name over and over
- Smile and a firm handshake
- Stand or sit at the person’s eye level
- Speak about common interests
- Focus the conversation on person’s needs

Tips for Establishing Rapport and Trust (continued)
- Do something nice without expecting something in return – random act of kindness
- Can you share with us your random act of kindness?

Tips for Establishing Rapport and Trust (continued)
- Put yourself in that person’s shoes
- Look at life from the other person’s point of view
- To feel what it’s like to be pregnant, wear a sympathy pillow

Tips for Establishing Rapport and Trust (continued)
- Speak and act to the other person’s benefit
- People don’t care how much you know until you show how much you care

What Would You Say?
You are parked legally in the street (blue BMW), and upon returning to your vehicle, you find a driver taking his mailbox, double parked and preventing you from pulling out of the space?
MODULE 6 Slides

Overcome the Objections!

Example:
Maria: People usually avoid going to the dentist because of money, lack of time, concern about comfort, or think it is not needed. Do any of that apply to you?
CDCC: Yes, I am concerned about money/lack of time/comfort/necessity.
Marian: Thank you Maria for sharing that with me. If I can help you overcome your concerns about (money/lack of time/comfort/necessity), then you will feel comfortable to move forward so I can make the appointment for you.

Overcome each objection until patient is comfortable to move forward.

The person who asks the right questions already has the answers

Follow a statement with a question:
- How do you feel about that?
- Is that comfortable for you?
- What questions can I answer for you before we schedule the treatment?

ASKING THE RIGHT QUESTIONS

Looking At Life From The Other Person's Point of View

Wouldn't it be great to be able to read another person's mind so you are talking to this person?
- You can figure out this person's likes and dislikes, what motivates this person, and what you can say or do to make this person like you, or to have the person do what you want him to do.

Personality Styles

- You can learn a lot more about the other person's thought processes by learning about your own, and his personality type (STYLE)
- Psychologists have determined that there are 4 major personality types
- Most of us are a blend of 2 or 3 personality types, with one dominant type.

Looking At Life From The Other Person's Point of View

- Analyst: Research, analyze, evaluate, systematic, organized, detailed
- Driver: Action, fast, dynamic, decisive, focused, assertive
- Amiable: Social, people-oriented, cooperative, friendly, easy-going
- Expressive: Creative, artistic, expressive, emotional, active

Personality Types

- When stressed, we always revert back to our dominant type.
- Once you learn the personality types, you can CUSTOMIZE your approach to fit the situation.
- You can identify major personality types by subtle clues: dress type, speech pattern, actions, handwriting.
- You can usually predict what the person will likely say or do next.
MODULE 6 Slides

Understand & Use Personality Types To:

- Establish instant rapport with a new or existing client?
- Get the client to say "Yes!" to your treatment recommendations?
- Get the client to show up on time for dental appointments?
- Get the client to refer other patients to you?
- Have a happy, cohesive team at your office?
- Have a successful motivational interview

Driver (Director, Type A)

Socializer (Life of the party)

Analytical (Thinker)

Relator (Amiable, Moderator)

CDCC Training Curriculum/ACPHD Office of Dental Health/HTHC/2020
MODULE 6 Slides

Group Exercise!

Get into your team based on your personality style:
Director, Socializer, Analytical, Relater

Together with your team mates, draw your logo for your personality group in the next 5 minutes!

Which personality type are you?

Using Communication Styles for Different Personality Types

How do you speak to a

What would you say to a

1. Director
2. Socializer
3. Analytical
4. Relater
5. Director
6. Socializer
7. Analytical
8. Relater
MODULE 6 Slides

**Using Communication Styles (e.g. Director)**

How do you speak to a Director: quickly and to the point

What would you say to a Director: We need to appoint your son now

**Using Communication Styles (e.g. Socializer)**

How do you speak to a Socializer: about benefits of appearances, status

What would you say to a Socializer: the cavity leads to horrible on your son, let’s get a dentist to fix that

**Using Communication Styles (e.g. Analytical)**

How do you speak to a Analytical: with facts, figures

What would you say to a Analytical: here are the three pain points explaining why analysts are effective

**Using Communication Styles (e.g. Relator)**

How do you speak to a Relator: emphasize how others will benefit/suffer as a result of action/decisions

What would you say to a Relator: I am sure your husband will appreciate having your son free of cavities

**Motivational Interview**

Motivational Interviewing changes the healthcare worker/consumer interaction from one of advice-giving to active and reflective listening.

The goal is to help the person believe in the possibility of change, so they can develop healthy behaviors.
MODULE 6 Slides

Motivational Interviewing Skills

Motivational interviewing uses four key communication skills that support and strengthen the process of eliciting change talk, also known as OARS:
- Open-ended questions
- Affirming
- Reflective listening
- Summarizing

Ask Open Ended Questions

Instead of giving advice on information, ask a question instead.
1. Your teeth staining is more noticeable since the visit. What do you make of that?
2. If you want to eat healthier, what would you change?
3. What do you think is a reasonable time frame to stop smoking?

Ask Open Ended Questions

1. How can I help you with ___?
2. Help me understand ___.
3. How do you think things are different now?
4. What are the good things about ___ and what are the bad things about it?
5. When would you most likely do ___?
6. What do you think you will lose if you give up ___?
7. What have you tried before to make a change?
8. What do you want to do next?

Affirmation

"I HEAR YOU AND I APPRECIATE YOU."

WHAT WOULD YOU SAY TO A TEENAGER WHO SAYS SHE WANTS TO REMOVE HER PREGNANCY?

- I appreciate that you are willing to meet with me today.
- You are clearly a very resourceful person.
- You handled yourself really well in that situation.
- That's a good suggestion.
- If it were in your shoes, I don't know if I could have managed nearly so well.
- I've enjoyed talking with you today.

Reflective Listening

BUILD TRUST AND MOTIVATION

- Repeat or paraphrase
- Paraphrase
- Reflection of feeling
- So you feel...
- It sounds like you...
- You're wondering if...

Reflective Listening (continued)

WHAT WOULD YOU REFLECT TO YOUR CLIENT USING THE MISSING PIECES QUESTION?

One of the most sincere forms of respect is actually listening to what another has to say.

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT
MODULE 6 Slides

**Summarizing**

Ensures clear communication and prepares for change.

- Let me see if I understood so far...
  - Here is what I've heard. Tell me if I've missed anything.
  - If that's accurate, what other points are there to consider?
  - Anything you want to add or correct?

**Summarizing – Elicit change talk**

After summarizing, elicit ways for patient to change behavior.

- What are some of the things you wish to move toward in your life?
- When you think about the future, what are some things you would like to have in it?
- When you were a child, what did you dream about doing with your life? How about now?
- If we were to be successful in our work together, what would that look like?

**Assess the Readiness of Families to Seek Dental Care**

Table: Discussant: Based on Readiness.

- Not Ready: 0-1
  - Rate Awareness
  - Rate Change Talk
  - Ask and Encourage
- Unready: 4-6
  - Evaluate Awareness
  - Rate Change Talk
  - Tell Readiness
- Ready: 7-10
  - Strengths
  - Enrollment
  - Exit Change Talk
  - Negotiate a Plan

**Use the Scale in Change Talk/Motivating Clients**

CDCC will assess the scale 0 to 10.

- If client’s scale is 0-10, make appointment immediately.
- If client’s scale is 0-6, ask the client more questions to understand their reluctance about going to the dentist.

**Role of CDCC**

- Use effective communication skills/methods to build rapport with clients or their families.
- Identify the personality styles of clients or their families for better outcome of the communication.
- Use the 4 skills of MI whenever CDCC talk to any clients or their families.
- Use the scaling tool to identify clients who may be easier to motivate to use routine dental care.
MODULE 7
HIPAA, PHI, Privacy, Confidentiality and Security
Duration: 2 hours 30 minutes

OVERVIEW
This module will discuss the privacy and confidentiality issues that need to be observed and maintained when working with client’s/patients/Medi-Cal Dental Program beneficiaries. This includes discussion of the roles and responsibilities and the code of conduct of the Community Dental Care Coordinators (CDCC) and their respective agencies. This module will review Protected Health Information (PHI) and Health Insurance Portability and Accountability Act (HIPAA). This module will discuss the regulatory implications of not maintaining PHI or following HIPAA. This module will review how to avoid, detect, correct, and report HIPAA related issues.

LEARNING OBJECTIVES
At the end of this session, the participants will be able to:

1. Describe HIPAA and PHI.
2. Describe how to comply with HIPAA requirements.
3. Describe how to avoid, detect, and report breach of HIPAA.
4. Describe the roles and responsibilities and code of conduct of community dental care coordinators and their respective agencies.

TRAINER
Consultant, HTHC Project Director, HTHC Care Coordination Manager

MATERIALS

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RESOURCES-HANDOUTS

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<tr>
<td>o Roles of CDCCs - 10 slides</td>
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<td>o Other - 4 slides</td>
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<td>Project flyers, brochure, poster, booklet (English, Spanish, Chinese)</td>
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<td>Dental kits (tooth brush, tooth paste, floss, goal setting tool)</td>
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<td>Module evaluation-satisfaction survey – paper form or survey monkey</td>
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Specific Item for This Module

None

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<tr>
<td>3. 45 min</td>
<td>HIPAA: General Rules-Regulations 30 min lecture 15 min Q&amp;A</td>
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<tr>
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</tr>
<tr>
<td>5. 30 min</td>
<td>Small Group Activity</td>
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<tr>
<td>6. 10 min</td>
<td>Wrap up/Close &amp; Evaluation of Module 5 min close; 5 min evaluation; 5 min extra time</td>
</tr>
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Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)
   - This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
   - This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
   - The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
• Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
• Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
• This is the time for the trainees to get to know the relevant Alameda County/project staff.
• The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
• Ask if every participant has signed-in, if everyone has all the handouts for this module.
• Encourage the participants to ask questions during anytime in the training.
• Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (5 min)
Trainer can choose icebreaker.

3. Presentation #1: HIPAA - General Rules & Regulations (45 min)
• This presentation will use PowerPoints; 1-3 minute per slide, some slides may take more or less time.
• This presentation will provide information related to learning objective # 1, 2 & 3:
  o Describe HIPAA and PHI.
  o Describe how to comply with HIPAA requirements.
  o Describe how to avoid, detect, and report breach of HIPAA.

4. Presentation #2: Roles & Responsibilities of CDCCs (45 min)
• This presentation will use PowerPoints; 1-3 minute per slide, some slides may take more or less time. The ‘scenario’ slides will take at least 5 minutes per slide.
• This presentation will provide information related to learning objective # 4:
  o Describe the roles and responsibilities and code of conduct of community dental care coordinators and their respective agencies.

5. Small Group Activity (30 min)
Small Group Discussion (20 minutes)
  Group size: 5 groups, 5 participants in each group
  Question to ask each other:
    a) In addition to the scenarios presented on the PowerPoints what other scenarios related to today’s topic have you ever experienced and how did you deal with it?
    b) Based on today’s training, what will the HTHC CDCCs do similarly and differently for their clients?

Report back by each group (7 min, 1 min/group)
  Each group says what they will do for their HTHC clients.

Question and Answer/Conclude (3 minutes)
6. Wrap Up-Close and Module Evaluation/Satisfaction Survey (10 min)
   - At the end of the module ask the participants: what are the 3-key takeaways of this module.
   - Toast the program in all the languages that are spoken by the trainees/participants.
   - The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
   - This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.
MODULE 7 Slides

HIPAA, PHI
Privacy, Confidentiality, Security
Module 7
Office of Dental Health
Alameda County Public Health Department

Learning Objectives:
1. Describe HIPAA and PHI.
2. Describe how to comply with HIPAA requirements.
3. Describe how to avoid, detect, and report breach of HIPAA.
4. Describe the roles and responsibilities and code of conduct of community dental care coordinators and their respective agencies.

Why Care about Privacy, Confidentiality?
Ethical reasons
Regulatory reasons:
- Federal
- State
- County
- Parent agency

HIPAA: Health Insurance Portability and Accountability Act
Federal law, 1996
To improve efficiency & effectiveness of health care system
https://www.hhs.gov/hipaa/for-professionals/index.html

HIPAA Rules
Privacy Rule
Security Rule
Enforcement Rule
Creditable rule
- HITECH Act
- Breach Notification Rule

HIPAA Privacy Rule
The HIPAA Privacy Rule establishes national standards to protect individuals’ medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.
MODULE 7 Slides

**HIPAA Security Rule**
The HIPAA Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.

**HIPAA Enforcement Rule**
- Contains provisions relating to compliance and investigations, the imposition of civil money penalties for violations of the HIPAA Administrative Simplification Rules, and procedures for hearings.
- The HIPAA Enforcement Rule is codified at 45 CFR Part 164, Subparts C, D, and E.

**Breach Notification Rule**
A breach is generally an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information. An impermissible use or disclosure of protected health information is presumed to be a breach unless the covered entity or business associate, as applicable, demonstrates that there is a low probability that the risk to the individual's PII has been or will be reasonably likely to result from the impermissible use or disclosure based on a risk assessment of at least the following factors:
- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person who used or disclosed the protected health information or to whom the disclosure was made;
- Whether the protected health information was acquired in a covered entity or business associate, as applicable, and not in a separate sale or other transaction; and
- The extent to which the risk to the individual's PII has been or will be reasonably likely to result from the impermissible use or disclosure.

**HIPAA and Care Coordination**
HIPAA Privacy Rule could be modified to promote coordinated, value-based health care.
- Information-sharing for treatment & care coordination.
- Facilitating parental involvement in care.
- Addressing the opioid crisis and serious mental illness.
- Accounting for disclosures of PHI for treatment, payment, and health care operations as required by the HITECH Act.

**Regulations: Federal, California, Alameda County**
- Federal: HIPAA
- CA: which ones comply with HIPAA?
- Alameda: which ones comply with CA laws?
  - which ones comply with HIPAA?

**Consequences of Non Compliance**
Could result in civil and criminal liability, sanctions, fines, penalties, disciplinary actions.
MODULE 7 Slides

Protected Health Information (PHI)
- Information that can be used to identify an individual
- Past, present, or future physical or mental health condition
  (dental for this project/program)
- Personal identifiers

PHI Examples
- Names
- Geographic info: street address, city, county, zip codes
- Birth date, admission/discharge date, date of death
- Telephone numbers, e-mail addresses
- Social Security numbers
- Medical record numbers

Where is PHI located?
Electronic format
- Information systems e.g. electronic medical records (EMRs), EHRs for this project
- Internet and online
- E-mail, financial and billing records, prescriptions
- Computer systems
- Laptops and desktop hard drives
- Electronic devices (phones, iPads, USB drives) - texts

Paper format
- Client charts, forms and prescription labels, files, notes

Oral format
- in person, on the phone, unsecured

HIPAA Compliance Plan
1. Organization level: written procedures, policies, standards of conduct - comply with all applicable federal, state, local and organizational regulations;
2. Training and education of employees;
3. Effective lines of communication between the Privacy Officer(s) and employees;

Monitoring
- Risk assessments & correction
- Oversight activities
- Investigations/audits
- Plan of correction
- Due diligence

Administrative Safeguards
Restricted Access to PHI. Only employees who need to know:
- employee will sign a Privacy/Safety Acknowledgment form before accessing any PHI (electronic, paper, etc.).
- If employee leaves job, terminate his/her access.
- Managers/supervisors need to review and approve regularly who has access or who does not
MODULE 7 Slides

**Physical Safeguards: Secure Workplace Habits Protect PHI**
- Lock up or cover PHI documents when you are out of the office or away from your desk to prevent unauthorized viewing.
- You must have your supervisor’s permission to copy, email or transport PHI.
- Recycle/shred PHI documents in locked/secure receptacle. Do not throw in wastebasket.
- Emails with PHI must be encrypted and password protected.
- Files with PHI must be done through secure fax numbers. Fax machine must be in an isolated area.
- When CDCCs work in the field, any documents with PHI should be in a locked bag.

**Rules for Releasing PHI**
- Clients have the right to have their PHI protected. That’s why we follow these procedures:
  - Release only the minimum amount necessary.
  - Release only to individuals who have a right to access that information.
  - A HIPAA authorization form must be completed, and must verify the identity and authority of the individual who requests the information.
  - We cannot give out information over the phone to the client or their Personal Representative unless we are certain the client has allowed it — Check for restrictions.

**Your “Due Diligence”...**
- The effort made by an ordinarily prudent or reasonable party to avoid harm to another, taking the circumstances into account.
- Refers to the level of judgment, care, prudence, determination, and ability that a person would reasonably be expected to do under similar circumstances.

**Roles & Responsibilities of CDCCs**
- Be informed about the regulations.
- Maintain patient confidentiality and privacy.
- Protect records and documents: covered, locked.
- Communicating with clients: phone, text, email (encrypted), fax.
- Since CDCCs will always carry PHI, they have to be extra cautious about maintaining the confidentiality of client’s PHI.
- If there is any breach, CDCCs should immediately report it to their Supervisor and/or Privacy officer of their respective organization.
MODULE 7 Slides

Who to Report to in case of breach of HIPAA?

Supervisor/other management staff in the chain-of-command

Your agency’s designated “Privacy Officer”

E.g. Alameda County Public Health Department
Anna Reed at (510) 208-5909

Scenario 1:
A CDCC left his/her work iPad/laptop and papers in the car outside his/her home. Last night, the car was broken into and device stolen......
- What should s/he have done?
- What should s/he do now?

Brainstorm

Scenario 2
One CDCC is having trouble communicating with a client. The client is more comfortable speaking in a language that the CDCC does not speak. They ask another CDCC to help them communicate with the family.
- Can the second CDCC go into the database and look up contact information for the family?
- What is the role of the initial CDCC?

Scenario 3
CDCC and dental providers may send client information to each other with secure fax. This information contains the client’s name, age, parent's contact info. CDCC or a dental office staff gets a call from an individual who reports they received a confidential fax in error.
- What should CDCC do?

Scenario 4
A CDCC sends unencrypted emails containing PHI to private dental office because they don’t have encrypted emails in their office.... what should be the CDCC done?

Scenario 5
A CDCC leaves their tablet/computer and work catchel with papers on BART. S/he remembers after getting outside the station.
- What should s/he do?
Scenario 6

A client is seen by a new CDCC. The CDCC does not have their own login yet. Should the supervisor share their own User Name & Password so the new CDCC can access the client’s electronic records?

Key Takeaways

- Privacy & confidentiality: maintain for both clients & colleagues
- Maintenance: individual, team, organizational effort
- Compliance of regulations: federal, state, county, agency level
- Reporting: immediately
- Consequences: lawsuits

thank you!
MODULE 8  
Principles of Dental Care Coordination  
Duration: 3 hours

OVERVIEW  
This module will discuss the principles and applied theories related to dental care coordination. This module will also discuss the roles and responsibilities of the community dental care coordinators and their respective agencies to reach Medi-Cal beneficiaries (e.g. families with children aged 0-20 years) through outreach/inreach/referral, scheduling appointments, accompanying clients to appointments, follow-up, etc.

LEARNING OBJECTIVES  
At the end of this session, the participants will be able to:
1. Describe the various definitions of dental care coordination.
2. Describe the 8 steps of dental care coordination.
3. Describe the barriers to dental care coordination.

TRAINER  
HTHC Project Director, HTHC Care Coordination Manager, Dental Health Administrator

MATERIALS

<table>
<thead>
<tr>
<th>Common Item for All Modules</th>
<th>Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room for in-person training</td>
<td></td>
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<tr>
<td>Setting – chairs &amp; tables</td>
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</tr>
<tr>
<td>PowerPoint presentation</td>
<td></td>
</tr>
<tr>
<td>Laptop, cord</td>
<td></td>
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<tr>
<td>Projector, cord, pointer, projector screen</td>
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<tr>
<td>Flip charts, pens, markers, writing pads, post its</td>
<td>Needed</td>
</tr>
<tr>
<td>Video</td>
<td>Optional</td>
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</table>

<table>
<thead>
<tr>
<th>Specific Item for This Module</th>
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RESOURCES-HANDOUTS

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<tr>
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<tbody>
<tr>
<td>Registration/Sign-in sheet (only for organizers)</td>
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<tr>
<td>Training packet/binder</td>
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<td>Agenda for the day</td>
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<tr>
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<tr>
<td>- Dental care coordination - 20 slides</td>
<td></td>
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<tr>
<td>- Barriers to dental care coordination - 7 slides</td>
<td></td>
</tr>
<tr>
<td>- Other - 4 slides</td>
<td></td>
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<tr>
<td>- Small group activity - 2 slides</td>
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<tr>
<td>Project flyers, brochure, poster, booklet (English, Spanish, Chinese)</td>
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<tr>
<td>Dental kits (tooth brush, tooth paste, floss, goal setting tool)</td>
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<td>Module evaluation-satisfaction survey – paper form or survey monkey</td>
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<thead>
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<th>Specific Item for This Module</th>
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<tbody>
<tr>
<td>Dental Care Coordination Tools/Forms</td>
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<tr>
<td>Form 1 Outreach/inreach planning tool</td>
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<tr>
<td>Form 2 Outreach/inreach parent sign-in sheet</td>
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<tr>
<td>Form 3 Anticipatory guidance</td>
<td></td>
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<tr>
<td>Form 4 Goal setting – oral/dental health behavior</td>
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<tr>
<td>Form 5 Client consent form: English + 7 languages</td>
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<tr>
<td>Form 6 Care planning tool</td>
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<td>Form 7 Periodicity table</td>
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<td>Form 8 Urgency of care</td>
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<tr>
<td>Form 9 Oral health/caries risk assessment</td>
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<td>Form 10 Barriers to dental care (optional)</td>
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<tr>
<td>Form 11 Social determinants of health (optional)</td>
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<td>Form 12 Dental Encounter Form: English + 7 languages</td>
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<tr>
<td>Form 13 Client data collection form</td>
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<td>Form 14 CDCC monthly report</td>
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AGENDA

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<tr>
<th>Time (3 hr)</th>
<th>Activity/Topic</th>
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<tr>
<td>1.</td>
<td>10 min  Welcome, Housekeeping, &amp; Introductions</td>
</tr>
<tr>
<td>2.</td>
<td>5 min   Icebreaker</td>
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<tr>
<td>3.</td>
<td>60 min  Dental Care Coordination – Definitions &amp; 8 Steps</td>
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<td>45 min  lecture</td>
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<td>15 min  Q&amp;A</td>
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<td>4.</td>
<td>30 min  Small Group Activity #1: Outreach/Inreach</td>
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<td>5.</td>
<td>30 min  Barriers to Dental Care Coordination</td>
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<td>20 min  lecture</td>
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<td></td>
<td>10 min  Q&amp;A</td>
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<tr>
<td>6.</td>
<td>30 min  Small Group Activity #2: Barriers</td>
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<td>7.</td>
<td>15 min  Wrap up-Close &amp; Evaluation of Module</td>
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<td>5 min   close</td>
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<td></td>
<td>5 min   evaluation</td>
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<tr>
<td></td>
<td>5 min   extra time</td>
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Registration, breaks, lunch: these times will be decided by trainer and organizer.
DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (10 min)
   - This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
   - This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
   - The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
   - Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
   - Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
   - This is the time for the trainees to get to know the relevant Alameda County/project staff.
   - The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
   - Ask if every participant has signed-in, if everyone has all the handouts for this module.
   - Encourage the participants to ask questions during anytime in the training.
   - Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (5 min)
   Trainer can choose icebreaker.

3. Presentation #1: Dental Care Coordination – Definitions and 8 Steps (60 min)
   - This presentation will use PowerPoints; 1-3 minute per slide, some slides may take more or less time. Some of the topics are repeated from Module 1.
   - This presentation will provide information related to learning objective # 1 & 2:
     - Describe the various definitions of dental care coordination.
     - Describe the 8 steps of dental care coordination.
   - This module will discuss the roles and responsibilities of the dental care coordinators and their respective agencies.
   - This presentation will review the key job responsibilities of a Community Dental Care Coordinator:
     - Conduct outreach and in-reach to find families with children who are on Medi-Cal or Medi-Cal eligible.
     - Educate families about oral health.
     - Educate families about using Medi-Cal dental services.
     - Assist families with dental appointments e.g.
       - scheduling and showing up
       - accompany clients to 1st appointments
       - conduct follow-up calls
     - Establish and maintain a good working relationship with dental providers and dental provider office staff.
✓ Collect and enter data in the HTHC online database.
✓ Attend project trainings-meetings as scheduled.

• This presentation will discuss the definitions of dental care coordination, its core values, and the steps involved.

**Definition of Dental Care Coordination**
Dental Care Coordination is a family-centered, assessment-driven, and team-based activity designed to meet the needs of families (with children-youth) while enhancing the family's ability to navigate the health and social service system, and access dental health and other services and resources.

**Core Values of Dental Care Coordination**
- **Early intervention:** Dental Care Coordination is based on the fundamental principle that appropriate early intervention for preventive services can increase a child's potential throughout his or her life.
- **Family centered:** Empowers the family by enhancing family strength for self-advocacy. Every family and child has strengths. Care Coordinators will highlight the areas where a family is already doing well and help them build on their successes. Focuses on children's safety and needs within the context of their families and communities.
- **Flexible:** The Community Dental Care Coordinators need to be flexible to accommodate the family’s needs.
- **Relationship based:** Community Dental Care Coordinators develop relationships with families and providers by working collaboratively and respectfully together.
- **Warm hand-off:** Community Dental Care Coordinators will ensure that families are introduced to dental office staff in such a way that a dental home is established for the families (which might include accompanying the client to the dental office).

**8 Steps of Dental Care Coordination**
1. Initial contact – connection with clients via outreach, inreach, referral, etc.
2. Enrollment of client in program (i.e. sign consent form)
3. Set up appointment with dental offices
4. Remind client about appointment
5. Accompany client to 1st dental appointment
6. Follow-up after dental appointment – with dental office and client
7. Continuity of care – make preventive care appointment 6 months to 1 year later
8. Visit dental offices at least twice a month to build relationship with dental office staff and collect data.

**Other Definitions**
*Community Health Worker* is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social
services and the community to facilitate access to services and improve the quality and cultural competence of service delivery (American Public Health Association, 2020).

*Case Management* is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes. The role of the case manager is broader than health care (Case Management Society of America, 2020).

*Patient Navigator* is a person who helps guide a patient through the healthcare system (National Cancer Institute, 2020).

*Care Coordination* involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care (Agency for Health Research & Quality, 2018).

4. Small Group Activity #1: Outreach/Inreach/Referral (30 min)

Small Group Discussion (15 minutes)

Group size: 5 groups, 5 participants in each group. Half the participants will focus on outreach and half the participants will focus on inreach.

Question to ask each other:
- What type of outreach/inreach/referral have you ever done? What was that method/process like? How is that similar or different from HTHC outreach-inreach method/process. (Think of a particularly good experience).
- What do you consider to be good outreach/good inreach?
- Based on today’s training, what will the dental care coordinators do similarly and differently for their clients?
- Do you have any concerns about conducting outreach/inreach/referral?

Report back by each group (10 min, 2 min/group)
- Each group says what they will do for their HTHC clients.

Question and Answer/Conclude (5 minutes)

5. Presentation #2: Barriers to Dental Care Coordination (30 min)

- This presentation will use PowerPoints; 1-3 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective #3:
  - Describe the barriers to dental care coordination.
- This module will discuss the roles and responsibilities of the dental care coordinators and their respective agencies in addressing the barriers to dental care and social determinants of health.
6. Small group activity #2: Barriers to Dental Care Coordination (30 min)

Small Group Discussion (15 minutes)

Group size: 5 groups, 5 participants in each group

Question to ask each other:

1. Review the two barrier tools.
2. Consider the following questions related to the barriers in the barrier tools:
   - How are these a barrier to dental care?
   - How does this barrier/s affect the dental health of your community?
   - Do these barriers disproportionately impact a specific population in Alameda County?

Report back by each group (10 min, 2 min/group)

Each group says what they will do for their HTHC clients.

Question and Answer/Conclude (5 minutes)

7. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)

- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.
MODULE 8 Slides

Principles of Dental Care Coordination
Module 8

Office of Dental Health
Alameda County Public Health Department

Learning Objectives
1. To describe the various definitions of dental care coordination.
2. To describe the 8 steps of dental care coordination.
3. To describe the barriers to dental care coordination.

Group Agreement
- Respect for all — colleagues and clients
- Non-judgmental
- Step up, step back
- Confidentiality
- Patience
- Listen
- Be kind
- Self-care

CULTURAL Sensitivity—collaborative
- Ask thoughtful questions
- Enact your assumptions of others
- Seek understanding, not judgment
- Be kind Due to necessary differences

Importance of Dental Care Coordination in Dental Public Health
- Find families who are hard to reach and don’t have access to dental care
- Find families who are new to a medical system but have never accessed dental care
- Address the lack of information and/or understanding of need for good dental health
- Link health education
- Provide information on the resources and affordability to access dental care
- Link families to dental options for care
- Help families navigate the complicated dental care system (take to care coordination)
- Address barriers related to access to dental care (take to care coordination)
- Remove/multilanguage/victim barriers

Definition of Dental Care Coordination
Dental Care Coordination is a family-centered, assessment-driven, team-based activity designed to meet the needs of families with children/youth while enhancing the family’s ability to navigate the health and social service system, and access dental health services and resources. Office of Dental Health
MODULE 8 Slides

Other Definitions

Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close, understands the dangers of community. This trusting relationship enables the worker to work as a team to identify and analyze problems of health and social services and the community to facilitate access to services and improve the quality and cost effectiveness of services delivered.

Case Management: A collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual’s health needs through the use of hospital and community resources to promote quality cost effectiveness. A case manager’s role will be broader than most health care. Case Management System of America.

Patient Navigation: A person who helps guide a patient through the healthcare system (national service).

Care Coordination: Care coordination involves endeavors exploring patient care activities and sharing information among all the participants concerned with a patient’s care to achieve earlier and more effective care.

DEFINITION OF OUTREACH & INREACH

Outreach: The activity of providing services to any population who are in the community and do not access services from the CHHC organization. (Office of Dental Health)

Inreach: The activity of providing services to any population who receive services from the CHHC organization but may not be using all the available services. (Office of Oral Health)

8 Steps of Dental Care Coordination
1. Initial contact – connection with clients via outreach, inreach, referral, etc.
2. Enrollment of client in program (i.e. sign consent form, needs assessment)
3. Set up appointment with dental offices
4. Remind client about appointment
5. Accompany client to 1st dental appointment
6. Follow-up after dental appointment – with dental office and client
7. Continuity of care – make preventive care appointment if months to 1 year later
8. Visit dental offices at least twice a month to build relationship with dental office staff

Core Values of Dental Care Coordination

- Early intervention: Dental Care Coordination is based on the principle that appropriate early intervention for preventive services can increase a child’s potential throughout.
- Family-centered: Empowers the family by enhancing family strengths for all families (even families who do not know they have children). Care Coordination will facilitate areas where a family is already doing well, and help them build on their successes. Focuses on children’s safety and health within the context of their families and communities.
- Flexible: The Care Coordination team is flexible to accommodate the family’s needs.
- Relationship-based: Care Coordination develops relationships with families and providers by working collaboratively and respectfully.
- Warm hand-off: Care coordinators will ensure that families are introduced to dental office staff in a way that is the most comfortable for the family (which might include accompanying the client to the dental office).

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT
**MODULE 8 Slides**

### Outreach vs. Inreach

<table>
<thead>
<tr>
<th>Outreach</th>
<th>Inreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
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<tr>
<td>Client interaction</td>
<td>Always inside organization</td>
</tr>
<tr>
<td>Client contact information</td>
<td>Not available before outreach</td>
</tr>
<tr>
<td>Time needed</td>
<td>Required</td>
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<tr>
<td>Effort needed to motivate people</td>
<td>Very little</td>
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<td>Planning</td>
<td>Requires comprehensive planning</td>
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<tr>
<td>Community partnerships</td>
<td>Not needed</td>
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<tr>
<td>Travel time</td>
<td>Not needed</td>
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<tr>
<td>Permeability to contact</td>
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### Outreach & Inreach: Common Considerations

- Teamwork, group agreements
- Relationships - clients, colleagues, dental office staff
- Collaborations - colleagues, community
- Cultural sensitivity/bias
- Trust
- Accountability
- Privacy, Confidentiality, HIPAA
- Safety: yours, client’s
- Know the community: unique needs, preferences
- Know the setting
- Goals, strategies
- Data & evaluation

### Planning for Outreach and Inreach

- Identify target population: race/ethnicity, language, etc.
- Identify target locations: areas, low income areas, areas to prioritize, etc.
- Identify target: clinic-based organization, health fair, WIC, housing facilities, etc.
- Identify target type: group, individual, both
- Identify type of interaction: in-person, powerpoint presentation, fairs, etc.
- Identify tools/resources needed: tracking forms (group, individual), assessment forms, consent form, dental care, fliers/brochures/flyers
- Identify and practice common language: e.g. talking points/dental hygiene around organization, HHC/DM
- Contact, signs, etc., for Outreach and Inreach
- Develop an action plan for Outreach and Inreach
- Review organizational food safety protocols
- Maintain client privacy and confidentiality
- Coordinate/discuss with respective supervisors

### Where to do Outreach and Inreach: activity

- Ask the participants to brainstorm
- You have 10 minutes to come up with as many ideas as possible

### Where to do Outreach and Inreach: answer

**Outreach**

- Health fairs
- Housing complexes
- WIC sites
- Schools

**Inreach (within CDCC’s organization)**

- Different departments within agencies
- Pediatrics, internal medicine, gynecology, behavioral, etc.

### Services Provided in Outreach and Inreach

- Dental education
- Information on the importance/availability of dental care
- Information about available dental health services
- Information about other resources available to families from Alameda County/Dental Organization
- Local or dental offices for care
- Provide incentives e.g. dental care kits
MODULE 8 Slides

For Effective Outcome – What to Do
- Use effective communication skills such as motivational interviewing techniques.
- Collect data.
- Evaluate activity.

Small Group Activity: Understanding the Population (15 min)
1. Break into pairs and answer the questions (5 min).
   - Who are you trying to reach?
   - Cultural background, language spoken.
   - Dental health knowledge/needs
2. Come back as a group.
3. Debrief/share some ideas (10 min, 5 min each for outreach and inreach).
4. Half the participants will focus on outreach and half will focus on inreach populations.

General Dental Office Roles

Tools for CDCCs

Small Group Activity #1
Dental Care Coordination - Outreach/Inreach (30 min)

Dental Care Coordination - Outreach/Inreach (30 min)
Small Group Discussion (15 minutes)

Barriers to Dental Care Coordination
MODULE 8 Slides

Small Group Activity #2

Barriers to Dental Care Coordination (30 min)

- Small group discussion (3 min)
- Group size: 5 groups, 5 participants in each group
- Question to ask each other:
  1. Review the two barrier tools.
  2. Consider the following questions related to the barriers in the barrier tools:
     - How are these barriers to dental care?
     - How does this barrier affect the dental health of your community?
     - Do these barriers disproportionately impact a specific population in Alameda County?

Report back to each group (5 min), 2 min/speech
Each group share what they will do for two FTHC clients
Q&A/Conclude (5 minutes)

Key Takeaways of Module #8

- Dental care coordination is needed to increase access to and utilization of dental care.
- Increasing client’s (community or family or individual) access to dental care depends on:
  - Identifying needs/needs
  - Identifying care
  - Identifying care

It is all about relationships:

- Family
- Friends
- Other

DONT FORGET THE EVALUATION!
MODULE 9
Protocols and Tools of Dental Care Coordination
Duration: 5 hours

OVERVIEW
This is the dental care coordination skill building module. This module will discuss the protocols and tools needed to conduct effective dental care coordination for families with children ages 0-20 years as well as work with dental offices. This module will provide practical tools related to planning outreach/inreach, enrollment/consent form, anticipatory guidance, goal setting, caries risk assessment, periodicity of examination, urgency of care determination, barriers to dental care, barriers related to social determinants of health, care planning, monthly reporting, collecting client data, etc. This module will explain these tools which are very important for preparing the Community Dental Care Coordinators (CDCCs) with appropriate skills to actually do the dental care coordination in the field.

During this module there will be emphasis on “small group activity – role play”. The module will highlight the experiences of the field workers, let them talk about their experiences and get ownership, rather than instructors giving theoretical information all the time. This is when the CDCCs will come to an “aha” moment that they have already done similar things; they just need to do some adjustments and tweaking because this is “dental care coordination”.

LEARNING OBJECTIVES
At the end of this session, the participants will be able to:
1. Describe the protocols and tools needed for dental care coordination with families.
2. Describe the protocols and tools needed to develop an effective working relationship with dental offices.

TRAINER
HTHC Project Director, HTHC Care Coordination Manager, Dental Health Administrator

MATERIALS

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## RESOURCES-HANDOUTS

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<td>Form 11 Social determinants of health (optional)</td>
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<td>Form 12 Dental Encounter Form: English + 7 languages</td>
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<td>Form 13 Client data collection form</td>
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<td>Form 14 CDCC monthly report</td>
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<td>Icebreaker</td>
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<td>5 min extra time</td>
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Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (15 min)
   - This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
   - This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
   - The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
   - Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
   - Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
   - This is the time for the trainees to get to know the relevant Alameda County/project staff.
   - The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
   - Ask if every participant has signed-in, if everyone has all the handouts for this module.
   - Encourage the participants to ask questions during anytime in the training.
   - Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (15 min)
   Trainer can choose icebreaker.
3. Presentation #1: Dental Care Coordination – Step 1 and 2 (90 min)
- This presentation will use PowerPoints; 1-5 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objective # 1:
  o Describe and discuss the protocols and tools needed for dental care coordination with families (Step 1 & 2).

4. Small Group Activity #1 (30 min):
Case Scenario/Role Play (15 minutes)
  Group size: 5 groups, 5 participants in each group
  Case Scenario Topic:
A mother brings her 3-year old and newborn to a health fair. Mom mentions that toddler has three upper discolored baby teeth. Mom thinks its too soon to see a dentist. After you take a visual you realize that those are anterior carious lesions. Tasks for CDCCs:
  ➢ Use assessment tools.
  ➢ Motivate mother to make dental appointment.
  ➢ What feeding practice might be contributing to these lesions?
  ➢ What advice would you give her to mitigate this risk factor?
  ➢ What do you suspect the caries risk status for the newborn might be?
  ➢ What advice would you give the Mom regarding the oral health care for her newborn child and the three year old?

Report back by each group (10 min, 2 min/group)
Each group says what they have learnt.
Question and Answer/Conclude (5 minutes)

5. Presentation #2: Dental Care Coordination – Step 3,4,5,6,7,8 (75 min)
- This presentation will use PowerPoints; 1-5 minute per slide, some slides may take more or less time.
- This presentation will provide information related to learning objectives # 1 & 2:
  o Describe the protocols and tools needed for dental care coordination with families (Steps 3 to 7).
  o Describe the protocols and tools needed to develop an effective working relationship with dental offices (Step 8).

6. Small Group Activity #2 (30 min)
Case Scenario/Role Play (15 minutes)
  Group size: 5 groups, 5 participants in each group
  Case Scenario Topic:
You meet a mother who has a 12-year old son and a 3-year old daughter. Mother tells you her son had extensive dental work when he was little and they fear going to the dentist. Her family members brush their teeth once a day with baking soda. Daughter has never seen a dentist. Mother tells you her daughter is a very picky eater; she cries if the food is too hot, cold, or sweet.
Tasks for CDCCs:
- Identify problem/issue for each child with assessment tools.
- Advice mother for each child.
- Motivate mother to make and take her children to a dental appointment.
- Which dental office should they be referred to?
- What is the daughter’s caries risk status?
- How would you approach the mother to discuss her daughter’s oral health needs?

Report back by each group (10 min, 2 min/group)
Each group says what they have learnt.
Question and Answer/Conclude (5 minutes)

7. Small Group Activity #3 (30 min)
Case Scenario/Role Play (15 minutes)
Group size: 5 groups, 5 participants in each group
Case Scenario:
Using the previous Case Scenario #2, you had referred the family to the dentist and appointment was kept. Now you are communicating with the dental office and the family – this includes before, during, and after the client’s visit to the dentist. Tasks for CDCCs:
- How would you ask the family what their dental office visit experience was like?
- How would you reinforce the importance of keeping the next dental visit?
- How to bring up the oral health education topics to reinforce practicing the habits?
- How would you communicate with the dental office if you have a clarifying question?

Report back by each group (10 min, 2 min/group)
Each group says what they have learnt.
Question and Answer/Conclude (5 minutes)

8. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)
- At the end of the module ask the participants: what are the 3-key takeaways of this module.
- Toast the program in all the languages that are spoken by the trainees/participants.
- The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
- This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.
MODULE 9 Slides

Protocols and Tools of Dental Care Coordination

Module 9

Office of Dental Health
Alameda County Public Health Department

Learning Objectives
1. Describe the protocols and tools needed for dental care coordination with families.
2. Describe the protocols and tools needed to develop an effective working relationship with dental offices.

Common Considerations
- Safety, liability, confidentiality, HIPAA
- Preparedness/planning activities
- Provide dental health education to families with children
  - Develop/collect dental health education materials
  - Develop/collect dental health related resources
- Talking points—2 min, 10 min, or 15 min
- Data collection and data entry
  - Paper forms, or google doc, or database (online/Access/Excel)
- Utilize existing organizational/partner resources

8 Steps of Dental Care Coordination
1. Initial contact—introduction with clients via outreach, review, referral, etc.
2. Enrollment of client in program (i.e., sign consent form, needs assessment)
3. Set up appointment with dental offices
4. Remind client about appointment
5. Accompany client to 1st dental appointment
6. Follow-up after dental appointment—with dental office and client
7. Continuity of care—make preventive care appointment 6 months to 1 year later
8. Visit dental offices at least twice a month to build relationship with dental office staff and collect data.

Tools for CDCCs

Set up dental appointment
- Family
- Emergency planning tool (group, individual)
- Health insurance access app (sheet)
- beam (checklist)
- Implement health behavior
- Consent form
- Family planning tool
- Family planning tool (sheet)
- Family planning tool (app)
- Social determinants of health needs (optional)
- CDC monthly report
- CDC monthly report
- CDC monthly report

Step 1: Initial Contact
- Time you prepare for outreach (check
- Time you prepare for outreach
- Time you prepare for outreach
- Time you prepare for outreach
- Time you prepare for outreach
- Time you prepare for outreach
MODULE 9 Slides
MODULE 9 Slides

Step 2: Enrollment
- Enrollment can start in step 1
- Setup meeting with individual families with children 0-20 years
- Enroll children into HTHC (sign F5 consent form)
- Needs assessment using the following forms
  - F7 Periodicity table
  - F8 Urgency of care
  - F9 Caries risk assessment
  - F10: Checklist for barriers to dental care (optional)
  - F11 Social service needs (optional)
  - F6 Care planning tool

Dental Needs Assessment: Tools
(mostly in appropriate to age of child)
- Urgency of care
- Caries risk assessment (higher need in younger children)
- Anticipatory guidance/counseling
- Goal setting – oral/dental health Behaviors
- Periodicity table
- Barriers to dental care (optional)
- Social service needs (optional)
- Share barriers with children and families as existing health resource

Urgency Dental Care Decision Tree

Recommendations for Pediatric Oral Health Care
MODULE 9 Slides

Small Group Activity: Case Scenario/Role Play #1

A mother brings her 2-year-old to a health fair. More mentions that her toddler has three upper deciduous baby teeth. More thinks it’s too soon to see a dentist. After you take a visual, you realize that these are anterior carious lesions.

Tasks for CDCC:
- Use assessment tools.
- Write a referral to make the dental appointment.
- What feeding practice might be contributing to these lesions?
- What advice would you give her to mitigate this risk factor?
- What do you suspect the caries risk status for the newborn might be?
- What advice would you give the mom regarding the oral health care for the newborn child and the three-year-old?

Step 3, 4, and 5

Step 3: Set up initial dental appointment with dental offices
- Remind client/family about the appointment (call, email, text)
- Ensure 24/7 contact before day of appointment to the evening

Step 4: Accompany client/family to the 1st dental appointment
- CDCC will meet the client at the dental office

Collect data and enter data (E43 paper forms, people die, or database/online access form)

Dental Appointment Process

Select date and time of appointment based on client’s preferences and appointment slots given by dental provider
- Confirm office location, phone numbers, date and time of appointment with office and family
- Review the family needs to bring to appointment
- Review what to expect at appointment
- Stress importance of showing up on time to the appointment
- Determine follow-up next steps
- Assess transportation needs
- Assess eligibility needs
MODULE 9 Slides

Dental Encounter Form
Available in:
- English, Arabic, Farsi, Chinese Simplified, Chinese Traditional, Spanish, Tagalog, Vietnamese

Filled by
- Assisting CDCC
- Filing Dental Nurse office staff

Step 6 and 7:
Step 6: Follow-up with family/client after dental appointment
- Schedule a follow-up appointment
- Appointments of family and dental office
- Dental treatment plan
- Schedule for follow-up appointment
- Reschedule and cancel appointment
Follow-up with dental offices after client's dental appointment
- Client-related information form
Step 7: Continuity of care
- Setup preventive care appointment 6 months to 1 year later

Step 8:
Step 8: Visit dental offices at least twice a month to build relationship with dental office staff and collect data.

General Dental Office Roles

Dental Provider Office Protocol for CDCC

CDCC Training Curriculum/ACPHD Office of Dental Health/HTHC/2020
MODULE 9 Slides

Small Group Activity: Case Scenario/Role Play #2

You meet a mother who has a 3-year-old son and a 3-year-old daughter. Mother tells you her son had extensive dental work when he was little and they fear going to the dentist. Her family members brush their teeth once a day with baking soda. Daughter has never seen a dentist.

Mother tells you her daughter is a very picky eater; she cries if the food is too hot, cold, or sweet.

Tasks for CDCC:
- Identify problem/issue for each child.
- Advise mother for each child.
- Motivate mother to make and take her children to a dental appointment.
- Which dental office should they be referred to?
- What is the daughter’s caries risk status?
- How would you approach the mother to discuss her daughter’s oral health needs?

Small Group Activity: Case Scenario/Role Play #3

Using the previous Case Scenario #3, you had referred the family to the dentist and appointment was kept. Now you are communicating with the dental office and the family—what includes before, during, and after the client’s visit to the dentist.

Tasks for CDCC:
- How would you ask the family what their dental office visit experience was like?
- How would you reinforce the importance of keeping the next dental visit?
- How to bring up the oral health education topics to reinforce practicing the habits?
- How would you communicate with the dental office if you have a clarifying question?

Key Takeaways

- CDCC will assess the dental needs of children. They will not diagnose. Diagnosis will be done by dental offices.
- Any emergency; families should call 911
- Successful dental care coordination = good relationship with families
- Good rapport with dental offices
- Good rapport with other CDCC

thank you!

DON'T FORGET THE TUMS!
MODULE 10
Data Collection, Data Entry, and Reporting
Duration: 4 hours

OVERVIEW
This module will discuss the roles and responsibilities of the Community Dental Care Coordinators and their respective agencies in data collection, data entry, and reporting in the context of dental care coordination. This session is very critical as it will also give introduction to the live database, the Care Coordination Management System (CCMS). This will be an introductory session to the database and will give the participants some preliminary idea about the online cloud-based database and how to enter data in such a live database. This module will provide in-person hands-on training sessions about the “live CCMS”, covering the logic and structure of the database, and actual data entry.

LEARNING OBJECTIVES
At the end of this session, the participants will be able to:
1. Describe the importance of data collection in dental care coordination.
2. Describe the types of data collection and data entry – what and how.
3. Describe how to correct the errors related to data collection and data entry.
4. Describe the reporting requirements for the project.
5. Practice entering data on the live database.

TRAINER
HTHC Epidemiologist, HTHC Project Director, HTHC Care Coordination Manager

MATERIALS

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<td>2. 5 min</td>
<td>Icebreaker</td>
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<td>3. 90 min</td>
<td>Data Collection, Data Entry, and Reporting</td>
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<td>75 min lecture</td>
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<td>15 min Q&amp;A</td>
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<td>4. 30 min</td>
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<td>5 min close;</td>
</tr>
<tr>
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<td>5 min evaluation;</td>
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<tr>
<td></td>
<td>5 min extra time</td>
</tr>
</tbody>
</table>

Registration, breaks, lunch: these times will be decided by trainer and organizer.

DESCRIPTION OF SESSION ACTIVITIES

1. Welcome, Housekeeping, and Introductions (10 min)
   - This section should be used to set the mood and expectations for the training/course. The goal is to spark a commitment from each participant to work towards improving the dental health of children in Alameda County.
   - This is the time the trainees will meet their peer dental care coordinators, and staff from organizing agency.
   - The facilitator will introduce him/herself, provide an overview of the session and overall training day; give a brief summary of the learning objectives of the session.
• Share housekeeping information i.e. where the restrooms are located, when the break times are, turning off cell phones, inform the participants if/when food/drinks/refreshments may be available.
• Introduce the project/organizing staff (facilitator, notetaker) and trainer/s to the trainees.
• This is the time for the trainees to get to know the relevant Alameda County/project staff.
• The facilitator should ask the participants to introduce themselves (name, organization, role in project. Keep it brief.
• Ask if every participant has signed-in, if everyone has all the handouts for this module.
• Encourage the participants to ask questions during anytime in the training.
• Everyone should use the break times to ask any questions on a one-on-one basis.

2. Icebreaker (5 min)
Trainer can choose icebreaker.

3. Presentation #1: Data Collection, Data Entry, and Reporting (90 min)
• This module will use PowerPoint presentation, 1-5 minute per slide, some slides may take more or less time.
• This presentation will provide information related to learning objective #1, 2, 3, & 4:
  o Describe the importance of data collection in dental care coordination.
  o Describe the types of data collection and data entry – what and how.
  o Describe how to correct the errors related to data collection and data entry.
  o Describe the reporting requirements for the project.

4. Small Group Activity #1 (30 min)
Small Group Discussion (15 minutes)
  Group size: 5 groups, 5 participants in each group
  Question to ask each other:
    a) What type of data have you ever collected? What was that process like? How is that similar or different from HTHC dental care coordination related data collection, data entry, and overall reporting.
    b) Based on today’s training, what will the Community Dental Care Coordinators do similarly or differently?
Report back by each group (10 min, 2 min/group)
  Each group says what they will do for their HTHC clients
Question and Answer/Conclude (5 minutes)

5. Small Group Activity #2: Enter Data on Live Database (90 min)
• This section will be a practice session for data entry with iPad (23 CDCCs had iPads) or laptop.
• Trainer will pick 3-5 volunteers, then these volunteers will enter data (mock data) one person at a time, and all the other participants will watch and learn by watching the volunteers. Each volunteer will enter data for a specific section in the database.
• The participants will use all the paper tools/forms to enter the data in the database.
• The participants will be given instructions on how to setup their database username and password, which page to open first, etc.
• If participants face any problems, then trainer will problem solve for them.
• Trainer will review the CCMS database User Manual with CDCCs.
• At the end of the session, the trainer will have to evaluate if participants have learned enough to enter data on their own, or whether they will need further training.

6. Wrap Up-Close and Module Evaluation/Satisfaction Survey (15 min)
• At the end of the module ask the participants: what are the 3-key takeaways of this module.
• Toast the program in all the languages that are spoken by the trainees/participants.
• The facilitator will make closing remarks and ask the participants if they have anything to share. The facilitator should make announcements about any upcoming trainings/courses.
• This session will be evaluated with the satisfaction survey. The facilitator will distribute the Survey to participants and collect the completed surveys (paper form or Survey Monkey) based on learning objectives.
• After CCMS trainings, participants will be surveyed about their understanding, confidence and satisfaction with using the live database.
• At the end of the session ask the participants: what are the 3-key take-aways of this session. Prepare those 3-key take-aways in the last PowerPoint slide.
• After the end of the training the trainer will evaluate if participants will need how much more training (i.e. one on one, or more)
MODULE 10 Slides

Data Collection, Data Entry, and Reporting
Module 10

Office of Dental Health
Alameda County Public Health Department

Learning Objectives
1. To describe the importance of data collection in dental care coordination.
2. To describe the types of data collection and data entry – what and how.
3. To describe how to correct the errors related to data collection and data entry.
4. To describe the reporting requirements for the project.
5. Practice entering data on the live database.

Why We Need Data
- For operations and quality assurance (monitoring & evaluation)
  - Understand if our efforts are working or not
  - Understand which efforts are working well and which are not
  - If something is working well – how can we sustain/Scale it up
  - If something is not working well – then what programmatic changes can we make to improve quality of care (or data)

- Report to supervisors, funders
- Systems change – funders, policymakers

Why We Need Data (continued)
- Grant related measures
  - HTHC grants requires data collection and data reporting.
  - Each CDCC has their own targets that require timely data collection.
  - The targets are related to dental care coordination work of the CDCC.
  - The HTHC funding requires quarterly and annual reports.
  - Data had to be complete and correct.

Need Data for Operations & Quality Assurance
- HTHC will monitor program effectiveness on an ongoing basis
  - e.g., are dental appointments being made
  - Each CDCC achieves their monthly/annual target numbers
  - Understand if HTHC efforts are working or not
  - e.g., are CDCCs able to make dental appointments for 6-9 year olds
  - Instead, this age group was a priority for HTHC project
  - e.g., are clients showing up at dental appointments
  - e.g., clients coming from all over the County because this was a countywide program
  - e.g., are getting clients from the tri-county area
  - Understand which HTHC efforts are working well and which are not
  - e.g., FQHC CDCCs were making more dental appointments than non-FQHC CDCCs
MODULE 10 Slides

Need Data for Operations & Quality Assurance (cont.)....
- If something is working well – how can we sustain/stable it up
  - e.g. monthly dental appointment targets were met, so keep doing it
  - If something is not working well – then what programmatic changes can we make to improve quality of care (or data)
    - e.g. "IPOs provided + You’re” info was not entered in DSS regularly. So, HTHC staff contacted dental office staff to complete that information.
  - Data quality maintained
    - e.g. if appointment date was missing in DSS, then it was corrected by CDCC
  - Report to project staff
    - e.g. monthly, quarterly, and annual reports with specific target numbers achieved

Performance Benchmarks for CDCCs

<table>
<thead>
<tr>
<th>Children on Med-Cal Dental Program</th>
<th>Per CDCC (Monthly)</th>
<th>Per CDCC (Annual)</th>
<th>All CDCCs (Monthly)</th>
<th>Project Total (3.5 Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact families thru outreach/teach</td>
<td>50</td>
<td>600</td>
<td>15,000</td>
<td>52,900</td>
</tr>
<tr>
<td>Care coordination/make appointment</td>
<td>23</td>
<td>275</td>
<td>6,900</td>
<td>24,150</td>
</tr>
<tr>
<td>Received dental care (65% Snow Rate for appx)</td>
<td>15</td>
<td>175</td>
<td>4,475</td>
<td>15,063</td>
</tr>
<tr>
<td>Continuity of care (start after 6 months)</td>
<td>10</td>
<td>116</td>
<td>2,900</td>
<td>8,700</td>
</tr>
</tbody>
</table>

Types of Data Collected
- Demographic information of clients (e.g., age, race/ethnicity, residential zip code, residential city).
- Dental appointments made and kept with dental affiliates (e.g., all appointment dates, list of dental procedures performed by clients, etc.).
- Events organized by CDCCs (e.g., outreach, smear).
- Health education given to families with children (by CDCCs, by dental offices).
- Dental provider information (e.g., service location names, addresses and zip codes, provider names, etc.).

Data Collection

Where will the data come from?
- Contact families
  - Enrollment forms
    - Patient intake form
      - Current forms
        - DD: Client data collection form
          - Schedule dental appointment (all appointment dates, appointment dates, dental encounter forms, dental insurance forms, etc.)

How will dental care coordinators collect the data?
- CDCCs will enter data into the paper forms to the database.
- CDCCs can enter data directly into the database without forms.
- CDCCs update medical files with data into the database (e.g., personal care, dental encounter forms).

Data Privacy & Security
- All information cannot be entered in database if consent form is not signed.
- CDCCs maintain privacy and security of collected data forms during field work. Carry such forms with full security measures in place (e.g., use lock boxes, laptop must have password, and be with CDCC, all the time, etc.).
MODULE 10 Slides

Data Entry
(online cloud-based database, or Access, or Excel)

This section will discuss the online cloud-based database i.e. CCMS.
However, the first six months of the project HTHC used paper data collection tools and entered
the data in Access database. This was done as the online database was not ready.

Database:
Care Coordination Management System (CCMS)

- Cloud-based, live
- URL: https://alamedacms.dentalca
  https://alamedacms.com

CCMS: Features and Functions
5 main features & functions

CCMS: HIPAA Compliance
- CCMS is fully HIPAA compliant
- All staff who has access CCMS have their own log-in credentials
- Only strong passwords are allowed to be used
- CCMS automatically enforces password changes periodically
- CCMS is fully partitioned (each agency has access to only their own clients’ information)

CCMS: User’s Page
- User’s page stores the individual attributes and information of:
  - Partner agencies
  - Staff
  - Providers
  - Dental service locations

Client Page (has 5 tabs)
- "General" tab: record client demographic data
- "Dental needs" tab: record client "urgency of need" data
- "Insurance" tab: record client insurance ID & type data
- "Enrollment" tab: record clients’ enrollment status
- "Appointment" tab: summarizes the no. of dental appointments a client has had with the outcome of the appointment
MODULE 10 Slides

Client Page: e.g. General tab
- In "General" tab of the client's page, we collect information about:
  - Name
  - DOB
  - Primary language
  - Race/ethnicity
  - Case status

Client page: Dental Needs tab
- In "Dental Needs" tab of the client's page, we collect information about the dental urgency of the child.

Client Page: "Insurance" Tab
- In "Insurance" tab of the client's page, we collect information about the insurance of and type of the child.

Client page: "Appointment" tab
- The "Appointment" tab of the client's page, will display the number of appointments scheduled with outcomes of the appointment.

Adding a new contact/guardian
- Here we document the guardian information of a child with contact information.
- A single client/child can be linked multiple guardians and vice versa.
- Siblings have their own record linked to their guardians.

Care Coordination- Appointments List
- This page shows the list of dental appointments.
- This page has filters which allow the list to be filtered by:
  - Partner Agency
  - CDCC
  - Dental service location
  - Denise
  - Month & year of appointment & more
- The page also has a search capability.
- This makes navigation between records efficient.
MODULE 10 Slides

Appointment Page: General tab
The general tab of the "Appointment" page contains:
- Appointment date & time
- Dental service location
- Wait number
- Phase of treatment
- Outcome of the appointment

Appointment Page: Dental Encounter tab
This tab contains fields to document:
- Family Unit Health Education (FUHE) note
- Encounter is paid for the provider for conducting FUHE
- Dental Recall/Checkup/Other visits
- Preventive services, comprehensive services with a prophylaxis dt. of 12 months
- Oral health examination (OHE) and secondary treatment
- Received copies of completed Dental Encounter Forms (DCF) are available here for future reference

Notifications
- CCMs automatically generate reminders based on specific built-in algorithms.
- The notification page serves as intake storage for reminders sent by CCMs.
- Here are some examples of automatically generated reminders by CCMs:
  - Reminders about upcoming appointments
  - Reminders about incomplete records
  - Reminders about the next month's recall

How to Avoid Data Errors

General Considerations
Data needs to be clean and complete.
- Data are not considered valid if incomplete. If data are not valid then they cannot be counted.
- In order to prevent data errors, some quality checks are done:
  - When CCMs return data, they have to make sure the data are complete.
  - Data will be verified by project staff; if error needs to be corrected, they will inform CCMs.
  - 2 quality assurance measures will be undertaken:
    - Data audit
    - Site visit for data audit

Some Examples of Errors
Client name should match consent form & CDH database.
Date of birth of client cannot be the same as date of 1st dental appointment.
FUHE provided information should match on DEA & database.
Missing data:
- Sensitized consent form or IDF
- CCHC's name & agency associated with client
- Name of client
- Data of birth of client
- Medicaid insurance ID
- Dental visit number
- Name of referring dental provider
- Name of referring dental provider

CDCC Training Curriculum/ACPHD Office of Dental Health/HTHC/2020
MODULE 10 Slides

Small Group Activity #1 (30 min)

Small Group Process (15 minutes)
Group size: 5 per group, 5 participants in each group
Question to ask each other:
- What type of data have you ever collected? What was that process like? How is that different from what we are doing in HTTHC? Do the same coordination-related data collection, data entry, and overall reporting.
- Small Group’s training: what will the dental care coordinators do similarly or differently?

Small Group Activity #2: Practice Data Entry in the Database (90 min)

45 min practice + 15 min break + 45 min practice

Practice session for data entry through iPad or CCGs’ laptops or laptop.
Trainer will pick 5 volunteers. Each volunteer will enter data for a specific section in the database.
Participants will use all the paper tools/forms to enter the data in the database.
Participants will be given instructions on how to set up their database username & password, which page is open, etc.
MODULE 10 Slides

Key Takeaways

- Data collection is very important for program operations & quality assurance.
- Data needs to be collected on several items including demographic information.
- Data collected should be clean & complete.
- Data collection can be paper light or paperless.
- Reporting is essential for any project/program.

thank you!
REFERENCES


## APPENDIX 1

### EVALUATION/SATISFACTION SURVEY OF MODULE

<table>
<thead>
<tr>
<th>Date of training:</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Module #</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Name/s of Trainer/s:</td>
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</table>

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
<th>Total</th>
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<tbody>
<tr>
<td>Participation and interaction were encouraged.</td>
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<tr>
<td>The content was well-organized and easy to follow</td>
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<td>This training experience will be useful in my work.</td>
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<td>The training objectives were met.</td>
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<td>The time allotted for the training was sufficient.</td>
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# Appendix 2

## Sign-In Sheet

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Title</th>
<th>Organization</th>
<th>Phone Number</th>
<th>Email Address</th>
<th>Non-county</th>
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</table>

**Meetings Name:**  
**Facilitated by:**  
**Recorded by:**  
**Location:**  
**Date/Time:**
APPENDIX 3

DENTAL PUBLIC HEALTH

Traditionally, dental care providers offer dental disease related services to their patients. Dental Public Health (DPH) is an emerging field. In our experience, we learned that many dentists think treating underprivileged patient is doing dental public health work. This misunderstanding about Dental Public Health needs to be addressed and corrected. DPH functions cannot be performed without dental care professionals. So, it is important to explain Dental Public Health clearly. It is also important to explain the 3 core public health functions and 10 essential public health services so that the Community Dental Care Coordinators who would like to work in the DPH field can perform their responsibilities efficiently and effectively.

DPH focuses on the following:
1. DPH focuses on improving oral health care for the population instead of individual patient.
2. DPH focuses on preventive oral health care more than treatment.
3. Preventive oral health care means reducing preventable dental diseases/conditions (e.g. caries, gum disease, etc.) for people of all ages (children, adults, seniors) through oral hygiene practices, diet-nutrition-eating practices, and regular check-up by dental professionals.

Competencies of Dental Public Health Professionals
1. Assess oral health status of a community/population.
2. Plan oral health programs for populations.
4. Develop and implement oral health promotion and education strategies.
5. Implement, manage, and develop resources for oral health programs for populations.
6. Evaluate and monitor oral health care delivery systems.
7. Design and administer surveillance systems to monitor oral health.
8. Advocate and develop oral health policies.
9. Develop appropriate workforce to address oral health need of the population.

How it can be achieved?
In Module 1 we explained the 10 ESSENTIAL PUBLIC HEALTH SERVICES (EPHS) which provide guidelines to protect and promote the health of all people in all communities. The California Department of Public Health (CDPH) took dental public health as a priority and expanded DPH programs in all counties in the State. CDPH is requiring every county to develop a multi-year Community Oral Health Improvement Plan (COHIP). For developing a COHIP the Oral Health programs will require the knowledge and understanding of the 10 essential services.

In 1988, the Institute of Medicine (IOM) identified the 3 core functions and 10 essential services in its study The Future of Public Health. EPHS framework was originally released in 1994 and
more recently revised and released on September 9, 2020 by the Public Health National Center for Innovations (PHNCI) and the de Beaumont Foundation, who convened a task force of public health experts, leaders, and practitioners and engaged the public health community in activities to inform the changes. The revised version is intended to bring the framework in line with current and future public health practices.

To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers are mostly socio-economic that include poverty, racism, gender discrimination, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health.

Core Public Health Functions:

- **Assessment**: Regular collection and dissemination of data on health status and community health needs utilizing epidemiologic principles and surveillance systems.
- **Policy Development**: Use of scientific knowledge and data in decision-making affecting the public’s health and to establish goals.
- **Assurance**: Implementing the appropriate programs to achieve desired goals.
**10 ESSENTIAL PUBLIC HEALTH SERVICES:**

#1 Assess and monitor population health status, factors that influence health, and community needs and assets
#2 Investigate, diagnose, and address health problems and hazards affecting the population
#3 Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
#4 Strengthen, support, and mobilize communities and partnerships to improve health
#5 Create, champion, and implement policies, plans, and laws that impact health
#6 Utilize legal and regulatory actions designed to improve and protect the public’s health
#7 Assure an effective system that enables equitable access to the individual services and care needed to be healthy
#8 Build and support a diverse and skilled public health workforce
#9 Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
#10 Build and maintain a strong organizational infrastructure for public health

For improving the health outcome of a population, public health programs should develop a Community Health Improvement Plan (CHIP); in order to develop the CHIP, a Community Health Assessment (CHA) is required. In case of oral health care, a Community Oral Health Assessment would identify the oral health care needs of a community and based on that a Community Oral Health Improvement Plan could be developed. These 2 actions fall under the core function **Assessment** and **#1 and #2** of the EPHS.

When a DPH program aligns their work with the EPHS, the programs become stronger and successful. Programs are able to make system changes and able to improve the population oral health status.

*Trainers can explain all the EPHS and show how dental care providers can participate in this system. For example, improving access to care through dental care coordination and partnership.*
## Appendix 4

### GLOSSARY

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACPHD</td>
<td>Alameda County Public Health Department</td>
</tr>
<tr>
<td>ART</td>
<td>Atraumatic Restorative Treatment</td>
</tr>
<tr>
<td>CAMBRA</td>
<td>Caries Management by Risk Assessment</td>
</tr>
<tr>
<td>CDCC</td>
<td>Community Dental Care Coordinator</td>
</tr>
<tr>
<td>CHS</td>
<td>Community Health Services</td>
</tr>
<tr>
<td>COP</td>
<td>Community of Practice</td>
</tr>
<tr>
<td>DHCS</td>
<td>Department of Health Care Services</td>
</tr>
<tr>
<td>DPH</td>
<td>Dental Public Health</td>
</tr>
<tr>
<td>DTI</td>
<td>Dental Transformation Initiative</td>
</tr>
<tr>
<td>HTHC</td>
<td>Healthy Teeth Healthy Communities</td>
</tr>
<tr>
<td>FOHE</td>
<td>Family Oral Health Education</td>
</tr>
<tr>
<td>ITR</td>
<td>Interim Therapeutic Restorations</td>
</tr>
<tr>
<td>LDPP</td>
<td>Local Dental Pilot Program</td>
</tr>
<tr>
<td>ODH</td>
<td>Office of Dental Health</td>
</tr>
<tr>
<td>MI</td>
<td>Motivational Interviewing</td>
</tr>
<tr>
<td>SDF</td>
<td>Silver Diamine Fluoride</td>
</tr>
</tbody>
</table>
APPENDIX 5

FORMS

Form 1: CDCC Planning Tool for Outreach/Inreach

<table>
<thead>
<tr>
<th>In-reach (agency's existing clients)</th>
<th>Outreach (agency's new clients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where (which site)</td>
<td>Where (which site)</td>
</tr>
<tr>
<td>How (in-person, tel, email)</td>
<td>How (in-person, tel, email)</td>
</tr>
<tr>
<td>Alameda County ODH</td>
<td>Alameda Health Fair</td>
</tr>
<tr>
<td>Folsom WIC</td>
<td>In-person</td>
</tr>
<tr>
<td>1/25/21, 9:00 - 4:00</td>
<td>6/20/21, 12:00 - 5:00</td>
</tr>
<tr>
<td>Asian Health Services</td>
<td>Oakland Chinatown</td>
</tr>
<tr>
<td>8th Street Clinic</td>
<td>In-person</td>
</tr>
<tr>
<td>Every week Mondays</td>
<td>2/23/21, 12:00 - 3:00</td>
</tr>
<tr>
<td>In-person, internal pediatric patient list</td>
<td></td>
</tr>
</tbody>
</table>

Note:
CDCCs working with FQHC/Health Centers will find out if their agency is accepting new dental patients age 0-20, and if they do what kind of process do new clients have to go through (i.e., enrollment/registration, paperwork, etc.).

Form 2: Patient/Parent Contact Information Sign-in Sheet

(Group Form for Outreach/Inreach)

Location/Address: ____________________________
Date/Time: ____________________________
Name of CDCC: ____________________________

<table>
<thead>
<tr>
<th>Are you a resident of Alameda County?</th>
<th>Name of Parent/Guardian</th>
<th>Children's age (in years)</th>
<th>Do you have insurance for your child's needs?</th>
<th>Do you have a medical condition?</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>First/Last</td>
<td>0-3</td>
<td>Have you received dental care before?</td>
<td>Have you been referred?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Next time to call ______ major topics are discussed.
Form 3: Anticipatory Guidance Counseling Checklist

- Brush (how often, how long, amt. of toothpaste, toothpaste with fluoride, no rinsing with water; soft brush, most important time to brush is before sleeping
- Floss
- Bottle/sippy cup use/sugar sweetened beverages- rinse with water after sugar sweetened beverages/snacks before brushing
- Caries are communicable
- Snacking frequency
- Healthy foods
- Injury prevention
- Sealants
- Fluoride: systemic source _____________
- Other ______________

Self Management Goal:
**Form 4: Goal Setting Tool**

**Oral Health Self Management Goals for Parents/Caregivers**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB</th>
</tr>
</thead>
</table>

- **Regular dental visits for child**
- **Dental treatment for family**
- **Brush twice a day**
- **Brush with fluoride toothpaste**

- **Wean off bottle (no bottles for sleeping)**
- **Less or no juice**
- **Only water in sippy cups**
- **Drink tap water**

- **Healthy snacks**
- **Less or no junk food and candy**
- **No soda**
- **Use xylitol gum, spray, gel, or dissolving tablets**

**Important:** The last thing that touches your child’s teeth before bedtime is the toothbrush.

Self Management Goals: 1)

2)

3)

On a scale of 1-10, how confident are you that you can accomplish these goals? 1 2 3 4 5 6 7 8 9 10

Parent/Caregiver Signature: ____________________________

Practitioner Signature: ____________________________


---

American Academy of Pediatrics
Bright Futures. National Interprofessional initiative on Oral Health

DEDICATED TO THE HEALTH OF ALL CHILDREN™
Form 5: Client Consent Form
Healthy Teeth, Healthy Communities (HTHC)

INFORMED CONSENT

Purpose
You are invited to join Healthy Teeth, Healthy Communities (HTHC). This program helps children ages 0 through 20 who are eligible for Medi-Cal in Alameda County to get dental services. HTHC is run by the Alameda County Public Health Department (ACPHD) and its partners.

This form explains the HTHC program, and provides a space for you to give your informed consent to participate. Please read it carefully, and feel free to ask any questions.

What Will Happen
If you join the HTHC program, you will work with a community dental care coordinator (CDCC). The CDCC will help you to get dental care for your child. They will ask you about your family, dental care needs, and best ways to reach you. They can make a dental appointment for you, and keep in touch to give you information and reminders.

If you give your consent on this form, the CDCC will record your information into a secure computer system. The computer system will comply with a law designed to help keep medical information private, the Health Insurance Portability and Accountability Act (HIPAA).

Risks
There is a small chance that your identity will be disclosed. Our program will work hard to keep your identity private at all times. Only a few people will have access to the restricted information in the HTHC computer system.

Benefits
HTHC may directly benefit you and your child by helping you get dental care or other services. The information you share will help us make sure the program is working to improve children's dental health.

Confidentiality
HTHC will make every effort to keep your information private. We will not reveal your identity in reports, conferences or publications.

Other partners, such as the University of California San Francisco or state or federal officials, may request the information that you give us in order to confirm the reports were conducted appropriately and to learn about the performance of the Healthy Teeth Healthy Communities program overall. We will only share information about you that is essential for these tasks or if required by law or policy.
Form 5: Client Consent Form (cont.)

Healthy Teeth, Healthy Communities (HTHC)

Voluntary Participation
Your participation in this project is completely voluntary. You may decide to withdraw at any time. If you withdraw, you may ask us to remove your information from our computer system. If you withdraw, you will still be able to receive services from your dentist or dental office.

Contact Information
Please contact the Alameda County Public Health Department with any questions, or comments about HTHC and your rights as a participant at Suhaila.Khan@acgov.org, 510-208-5953.

Authorizations
I have read and understand this information. I am the CLIENT or am authorized to act on behalf of the CLIENT to sign this document, which verifies consent to the above-stated terms. I acknowledge that I have a right to receive a copy of this completed form and that one will be provided to me after I complete this form.

Name of Client: ____________________________

Signature of Client: ____________________________

Name of Parent, Guardian or Legal Representative: ____________________________

Signature of Parent, Guardian or Legal Representative: ____________________________

Date: ____________________________

Consent to be contacted by a CDCC for communication purposes (Check All that Apply):

☐ By Phone Call  ☐ By Text Message  ☐ By E-mail  ☐ Ok to leave a voice mail

Copy of consent provided to Client or Legal Representative: ☐
# Form 6: Care Planning Tool

<table>
<thead>
<tr>
<th>Client Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ____________</td>
</tr>
<tr>
<td>Client Name: ____________</td>
</tr>
<tr>
<td>Age: ____________</td>
</tr>
<tr>
<td>Care Coordinator’s Name: ____________</td>
</tr>
<tr>
<td>Client Contact Source: Outreach/inreach/Referral</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needs Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe what needs to be done:</th>
<th>Care Coordinator will do:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: ____________</td>
<td></td>
</tr>
<tr>
<td>When: ____________</td>
<td></td>
</tr>
<tr>
<td>Where: ____________</td>
<td></td>
</tr>
<tr>
<td>Client will do:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Progress/Follow-up status</th>
<th>Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of the Care Coordinator
### Form 7: Periodicity Table

**Recommendations for Pediatric Oral Health Care**

Clinical guideline on periodicity of examination, preventive dental services, anticipatory guidance, and oral treatment for children

<table>
<thead>
<tr>
<th></th>
<th>0-12 months</th>
<th>12-24 months</th>
<th>2-3 years</th>
<th>3-5 years</th>
<th>6-11 years</th>
<th>12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical oral examination</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assess oral health and development</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Caries risk assessment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Fluoride varnish</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Fluoride rinse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Fluoride mouthwash</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Anticipatory guidance</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Oral hygiene counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dietary counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Injury prevention counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Counseling for noncompliant habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Substance abuse counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Counseling for intraoral and personal pain relief</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Radiographic examination</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Treatment of dental caries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Treatment of dental decay</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assessment and treatment of developing orthodontic issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pat and fissure sealants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assessment and/or removal of third molars</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Referral for regular and periodic dental care</td>
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<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

1. At the first signs of tooth eruption by the primary care provider and with each subsequent visit to determine if the child needs a referral to a dentist. A dental examination by a qualified dental provider should begin between the ages of two and three (unless otherwise indicated) and once yearly thereafter.
2. By clinical examination.
3. As per AAPD’s “Policy on the use of a caries risk assessment tool (CART) for infants, children, and adolescents.”
4. Depending on the child's risk for caries and periodontal disease. Additionally, children should be seen for prophylaxis once every 3-6 months.
5. As per AAPD and American Academy of Pediatrics guidelines and the patient's age.
6. Up to age 15 years.
7. Appropriate documentation and counseling should be an integral part of each visit for care.

### Form 7: Periodicity Table (cont.)

**GUIDELINE OBJECTIVE(S):** To help practitioners make clinical decisions concerning preventive oral health care for healthy infants, children, and adolescents.

**EVIDENCE SUPPORTING THE RECOMMENDATIONS**

All oral health policies and clinical guidelines are based on 2 sources of evidence: (1) the scientific literature, and (2) experts in the field.

**POTENTIAL BENEFITS**

- Appropriate management of infant, child, and adolescent oral health needs.
- Major benefits of early intervention, in addition to assessment of risk status, include analysis of fluoride exposure and feeding practices as well as oral hygiene counseling. The early dental visit should be seen as the foundation upon which a lifetime of preventive education and oral health care can be built.

**QUALIFYING STATEMENTS**

- The Oklahoma Health Care Authority Dental Advisory Committee on Periodicity (DACP) intends this guideline to help practitioners make clinical decisions concerning preventive oral health care for infants, children, and adolescents. Because each child is unique, these recommendations are designed for the care of children who have no contributory medical conditions and who are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from the normal.
- The AAPD and DACP emphasize the importance of very early professional intervention and the continuity of care based on the individualized needs of the child.

**ADAPTATION:** The guideline was adapted from another source, the American Academy of Pediatric Dentistry.
### Form 8: Urgency of Care

#### Urgency Dental Care Decision Tree

1. **Have you ever taken your child to a dental visit?**

<table>
<thead>
<tr>
<th>If NO: Ask</th>
<th>If YES: Ask</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How old is child? b. Does child have any pain? c. Has child had any recent trauma?</td>
<td>a. When was the last appointment?</td>
</tr>
<tr>
<td>- licks not had Age 1 dental appointment and is between 6-15 months. (Schedule a dental exam appointment within 7-15 days for up to one month out)</td>
<td>- Appointment was within last 12 months or appointment was over 12 months: Next step determine if they have dental home. Ask: 2. Do they have another appointment scheduled for preventive care?</td>
</tr>
<tr>
<td>- Has not had a dental appointment and is 15 months and older. Schedule a dental exam appointment within 7-15 days for up to 2 months out.</td>
<td>- If YES: They have a dental home.</td>
</tr>
<tr>
<td>- Child (any age) has pain, trauma to teeth or visible infection. (Schedule urgent dental exam appointment within 2 days for first available appointment within 1 week).</td>
<td>- If YES: Assist with appointment back to provider.</td>
</tr>
<tr>
<td>- Child (any age) has pain, trauma to teeth or visible infection.</td>
<td>- If NO: Assist with scheduling a dental exam appointment within 7-15 days for up to one month out at a new dental home.</td>
</tr>
</tbody>
</table>

**Guidelines:**
- All children have an annual dental exam and preventive visits by age.
- Children have first dental visit at 12 months of age. This includes children without teeth at 12 months.
- Any child in pain or with visible untreated dental disease needs urgent dental care.
- Client must agree to HCHC program in order to schedule an initial appointment.
- If child is already going to a HTHC provider enroll & follow for continuity of care.

### Form 8: Urgency of Care (cont.)

#### Non-Urgent Dental Need

**CLASS I: NO VISIBLE DENTAL PROBLEM**
No problem visualized. Annual referral recommended beginning at one (1) year of age.

**CLASS II: MILD DENTAL PROBLEM**
Small carious lesions, discolorations and/or gingivitis, patient is asymptomatic. Condition is not urgent, yet requires a dental referral.

**CLASS III: SEVERE DENTAL PROBLEM**
Large carious lesions, abscesses, extensive gingivitis, or history of pain. Need for dental care is urgent – condition can progress rapidly to an emergency.

**CLASS IV: EMERGENCY DENTAL TREATMENT REQUIRED**
Acute injury, oral infection, or other painful condition. An immediate dental referral is indicated.

#### Urgent

If no exam in past year make dental appointment within week.
- Children have first dental visit when first tooth erupts or at 12 months. This includes children with no teeth at 12 months.
- Every three (3) months for children with documented special health care needs when medical or oral condition can be affected, and for other children at high risk for dental care.
- Every six (6) months for maintenance of oral health.

**Age-Based Timeline for Dental Referral**
- If child is already going to a HTHC provider enroll & follow for continuity of care.

---

**Non-Urgent Dental Need**

- **CLASS I: NO VISIBLE DENTAL PROBLEM**
  - No problem visualized.
  - Annual referral recommended beginning at one (1) year of age.

- **CLASS II: MILD DENTAL PROBLEM**
  - Small carious lesions, discolorations and/or gingivitis, patient is asymptomatic.
  - Condition is not urgent, yet requires a dental referral.

- **CLASS III: SEVERE DENTAL PROBLEM**
  - Large carious lesions, abscesses, extensive gingivitis, or history of pain.
  - Need for dental care is urgent – condition can progress rapidly to an emergency.

- **CLASS IV: EMERGENCY DENTAL TREATMENT REQUIRED**
  - Acute injury, oral infection, or other painful condition.
  - An immediate dental referral is indicated.

**Urgent**

- If no exam in past year make dental appointment within week.
  - Children have first dental visit when first tooth erupts or at 12 months.
  - Every three (3) months for children with documented special health care needs when medical or oral condition can be affected, and for other children at high risk for dental care.
  - Every six (6) months for maintenance of oral health.

**Age-Based Timeline for Dental Referral**

- If child is already going to a HTHC provider enroll & follow for continuity of care.
Form 9: Oral Health/Caries Risk Assessment

Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

**Instructions for Use**

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver’s oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a △ sign, are documented yes. In the absence of △ risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit:</td>
<td>6 month</td>
<td>8 month</td>
</tr>
<tr>
<td></td>
<td>4 year</td>
<td>5 year</td>
</tr>
</tbody>
</table>

**RISK FACTORS**

- Mother or primary caregiver had active decay in the last 12 months
  - Yes
  - No
- Mother or primary caregiver does not have a dentist
  - Yes
  - No
- Continual bottle/sippy cup use with fluid other than water
  - Yes
  - No
- Frequent snacking
  - Yes
  - No
- Special health care needs
  - Yes
  - No
- Medicaid eligible
  - Yes
  - No

**PROTECTIVE FACTORS**

- Existing dental home
  - Yes
  - No
- Drinks fluoridated water or takes fluoride supplements
  - Yes
  - No
- Fluoride varnish in the last 6 months
  - Yes
  - No
- Uses teeth brushed twice daily
  - Yes
  - No

**CLINICAL FINDINGS**

- White spots or visible decalcifications in the past 12 months
  - Yes
  - No
- Obvious decay
  - Yes
  - No
- Restorations (fillings) present
  - Yes
  - No
- Visible plaque accumulation
  - Yes
  - No
- Gingivitis (swollen/bleeding gums)
  - Yes
  - No
- Teeth present
  - Yes
  - No
- Healthy teeth
  - Yes
  - No

**ASSESSMENT/PLAN**

<table>
<thead>
<tr>
<th>Caries Risk:</th>
<th>Self Management Goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low &lt; High</td>
<td>Regular dental visits</td>
</tr>
<tr>
<td></td>
<td>Dental treatment for parents</td>
</tr>
<tr>
<td></td>
<td>Brush twice daily</td>
</tr>
<tr>
<td></td>
<td>Use fluoridated toothpaste</td>
</tr>
</tbody>
</table>

**Treatment of High Risk Children**

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed twice daily with an age-appropriate amount of fluoridated toothpaste. Referal to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.


American Academy of Pediatrics

Bright Futures

National Interprofessional Initiative on Oral Health

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

PUBLIC HEALTH DEPARTMENT
Form 9: Oral Health/Caries Risk Assessment (cont.)

Oral Health Risk Assessment Tool Guidance

Timing of Risk Assessment

The Bright Futures/AAP “Recommendations for Preventive Pediatric Health Care,” (ie, Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the Bright Futures/AAP Periodicity Schedule—http://brightfutures.aap.org/clinical_practice.html.

Risk Factors

Maternal Oral Health

Studies have shown that children with mothers or primary caregivers who have had active decay in the past 12 months are at greater risk to develop caries. This child is high risk.

Maternal Access to Dental Care

Studies have shown that children with mothers or primary caregivers who do not have a regular source of dental care are at a greater risk to develop caries. A follow-up question may be if the child has a dentist.

Continual Bottle/Sippy Cup Use

Children who drink juices, soda, and other liquids that are not water, from a bottle or sippy cup continually throughout the day or at night are at an increased risk of caries. The frequent intake of sugar does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce the frequency of sugar-containing beverages in the child's diet.

Frequent Snacking

Children who snack frequently are at an increased risk of caries. The frequent intake of sugar/refined carbohydrates does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit.

Special Health Care Needs

Children with special health care needs are at an increased risk for caries due to their diet, xerostomia (dryness of the mouth, sometimes due to asthma or allergy medication use), difficulty performing oral hygiene, seizures, gastroesophageal reflux disease and vomiting, attention deficit hyperactivity disorder, and gingival hyperplasia or overcrowding of teeth. Premature babies also may experience enamel hypoplasia.

Protective Factors

Dental Home

According to the American Academy of Pediatric Dentistry (AAPD), the dental home is oral health care for the child that is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The AAP and the AAPD recommend that a dental home be established by age 1. Communication between the dental and medical homes should be ongoing to appropriately coordinate care for the child. If a dental home is not available, the primary care clinician should continue to do oral health risk assessment at every well-child visit.

Fluoridated Water/Supplements

Drinking fluoridated water provides a child with systemic and topical fluoride exposure, a proven caries reduction intervention. Fluoride supplements may be prescribed by the primary care clinician or dentist if needed. View fluoride resources on the Oral Health Practice Tools Web Page http://aap.org/oralhealth/PracticeTools.html.

Fluoride Varnish in the Last 6 Months


Tooth Brushing and Oral Hygiene

Primary care clinicians can reinforce good oral hygiene by teaching parents and children simple practices. Infants should have their mouths cleaned after feedings with a wet soft washcloth. Once teeth erupt it is recommended that children have their teeth brushed twice a day. For children under the age of 3 (until 3rd birthday) it is appropriate to recommend brushing with a smear (gram of rice amount) of fluoridated toothpaste twice per day. Children 3 years of age and older should use a pea-sized amount of fluoridated toothpaste twice a day. View the AAP Clinical Report on the use of fluoride in the primary care setting for more information http://pediatrics.aappublications.org/content/early/2014/08/19/peds.2014-1699.
Form 9: Oral Health/Caries Risk Assessment (cont.)

Clinical Findings

⚠️ White Spots/Decalcifications
This child is high risk.
Whitish or chalky areas—immediately place the child in the high-risk category.

⚠️ Obvious Decay
This child is high risk.
Obvious decay present—immediately place the child in the high-risk category.

⚠️ Restorations (Fillings) Present
This child is high risk.
Restorations (Fillings) present—immediately place the child in the high-risk category.

Visible Plaque Accumulation
Plaque is the soft and sticky substance that accumulates on the teeth from food debris and bacteria. Primary care clinicians can teach parents how to remove plaque from the child's teeth by brushing and flossing.

Gingivitis
Gingivitis is the inflammation of the gums. Primary care clinicians can teach parents good oral hygiene skills to reduce the inflammation.

Healthy Teeth
Children with healthy teeth have no signs of early childhood caries and no other clinical findings. They are also experiencing normal tooth and mouth development and spacing.

For more information about the AAP's oral health activities email oralhealth@aap.org or visit www.aap.org/oralhealth.

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Form 10
Assessment Tool for Barriers to Dental Care

CDCC will ask the following questions to the clients.

<table>
<thead>
<tr>
<th>Knowledge and Beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not know where to go</td>
</tr>
<tr>
<td>My child is too young to see a dentist</td>
</tr>
<tr>
<td>I do not believe dental care is important</td>
</tr>
<tr>
<td>I am (we are) anxious or fearful</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language/Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers do not speak our language</td>
</tr>
<tr>
<td>Providers do not understand our culture</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practical Concerns (logistics)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I cannot pay for it (cost)</td>
</tr>
<tr>
<td>Dates and times are not convenient</td>
</tr>
<tr>
<td>I cannot take time off work</td>
</tr>
<tr>
<td>I do not have transportation</td>
</tr>
<tr>
<td>The wait for an appointment is too long</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dentist Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not know of any dentists who accept Medi-Cal</td>
</tr>
<tr>
<td>I do not know of any dentists who will see young children</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prior Negative Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>The time in the waiting room is too long</td>
</tr>
<tr>
<td>I do not like how they treat my family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is anything else making it hard for you to make or keep your dental appointments? Please specify.</td>
</tr>
</tbody>
</table>

CDCC Training Curriculum/ACPHD Office of Dental Health/HTHC/2020
# Form 11

**Assessment Tool for Social Determinants of Health**

<table>
<thead>
<tr>
<th>Social Determinants of Health (SDH)</th>
<th>Community resource examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you [and/or your partner] have a job right now? Yes/No</td>
<td>Catholic Charities - Upwardly Global - Berkeley Adult School</td>
</tr>
<tr>
<td>2. Are you concerned that the job is at risk for any reason? Yes/No</td>
<td>CA Labor and Workforce Development</td>
</tr>
<tr>
<td>3. Sometimes people find that their income does not quite cover their living costs. In the last 12 months would you say you were worried or stressed about having enough money to pay for your</td>
<td></td>
</tr>
<tr>
<td>3.1 Rent/mortgage? Yes/No</td>
<td></td>
</tr>
<tr>
<td>3.2 Food</td>
<td></td>
</tr>
<tr>
<td>3.3 Clothing</td>
<td></td>
</tr>
<tr>
<td>3.4 Utilities (water or electricity)</td>
<td></td>
</tr>
<tr>
<td>3.5 Child Care</td>
<td></td>
</tr>
<tr>
<td>3.6 Medicine or any health care (medical, dental, mental, vision)</td>
<td></td>
</tr>
<tr>
<td>3.7 Transportation expenses, such as parking, make it difficult to get to the doctor or dentist?</td>
<td></td>
</tr>
<tr>
<td>3.8 Phone</td>
<td>Ac WIC Program Davis Street Family Center</td>
</tr>
<tr>
<td>3.9 Other (please write)</td>
<td></td>
</tr>
<tr>
<td>4. Are you receiving WIC? Yes/No</td>
<td></td>
</tr>
<tr>
<td>5. Are you worried that your current housing situation is unhealthy for you or your family?</td>
<td>Justa Casa Legal Aid (East Bay Community Law Center)</td>
</tr>
<tr>
<td>6. Are you worried about losing your current housing situation?</td>
<td></td>
</tr>
<tr>
<td>7. Are you concerned about your child's learning, behavior or development?</td>
<td></td>
</tr>
<tr>
<td>8. Has your child ever missed school because of dental-related problems (pain, infection)?</td>
<td></td>
</tr>
<tr>
<td>9. What is the highest level of school that you have finished?</td>
<td></td>
</tr>
<tr>
<td>□ Less than a high school</td>
<td></td>
</tr>
<tr>
<td>□ High school diploma or certificate more than high school</td>
<td></td>
</tr>
<tr>
<td>□ I choose not to answer</td>
<td></td>
</tr>
</tbody>
</table>
Form 12: Dental Encounter Form

HTHC Encounter Form

General Information
First Name_________________________Last Name_________________________Language__________
Parent Name_________________________Telephone number_________________________
Visit number_______Phase of treatment: □ Primary □ Secondary □Tertiary □D9430
DOB_________________________CCMS ID of the child_________________________
Insurance ID_________________________Insurance type □ Medi-Cal □ Health Pac
Dental Service Address_________________________
Name of Rendering Dental Provider_________________________
Did the client show up? □ Yes □ No Was FOHE provided? □ Yes □ No
Caries Risk: (Check one) □ Low (no disease; no risk factors) □ Moderate (presence of a risk factor; no disease) □ High (presence of disease; recent disease experience; presence of multi-risk factors)

Next appointment (Dental Provider Please complete)
Next appointment scheduled? □ Yes □ No
Next appointment: Date ____________________Time _____________Length _____________
Phase of treatment for the next appointment: □ Primary □ Secondary □ Tertiary care
Instructions to CDCC:_________________________
How many appointments are needed? _____________
Was a referral made? □ Yes □ No (Dr. ________________Reason________________________)

Services Provided Today (Please choose all Care Phases that apply)

<table>
<thead>
<tr>
<th>Care Phase: Primary</th>
<th>Preventive Services:</th>
<th>Space Maintenance (Preventive Services):</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Preventive Services and Clinical Oral Evaluations) check specific code of preventive/exam procedures done today</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List of services by category</td>
<td>D1120: Dental Prophylaxis</td>
<td>D1510, D1515, D1520, D1525, D1550, D1555</td>
</tr>
<tr>
<td>Clinical oral evaluations:</td>
<td>D1206: Topical Fluoride Varnish</td>
<td></td>
</tr>
<tr>
<td>□ D0120</td>
<td>D1208: Topical Fluoride</td>
<td></td>
</tr>
<tr>
<td>□ D0150</td>
<td>D1351-Smallant</td>
<td></td>
</tr>
<tr>
<td>□ D0145</td>
<td>D1352: Preventive Resin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D1354-Silver Diamine Fluoride</td>
<td></td>
</tr>
</tbody>
</table>

Care Phase: Secondary (Restorative or any other procedure in Treatment Categories defined at bottom of this form)
Were any treatment procedures done today? □ Yes □ No

Care Phase: Tertiary (Emergency or Operating Room, or Specialist Care).
Was Tertiary treatment done today? □ Yes □ No

Secondary Care Phase DEFINITION: Any procedures occurring in the following Treatment categories:
| DEFINITION: Specialized, highly technical level dental procedures provided in a Specialty Office or hospital setting by a licensed dental specialty such as, Endodontics, Oral Surgery, Pediatric Dentist, or Orthodontist |

10/16/2019 3:34 PM

CDCC Training Curriculum/ACPHD Office of Dental Health/HTHC/2020

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT
# Form 13: Client Data Collection Form

<table>
<thead>
<tr>
<th>CDCC name</th>
<th>Date data entry began</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family contact information</td>
<td></td>
</tr>
<tr>
<td>First name (primary guardian)</td>
<td>Last name (primary guardian)</td>
</tr>
<tr>
<td>Guardian's relationship to child</td>
<td></td>
</tr>
<tr>
<td>First name (child/client)</td>
<td>Last name (child/client)</td>
</tr>
<tr>
<td>Date of birth of the (child/client)</td>
<td></td>
</tr>
<tr>
<td>Phone: mobile</td>
<td>Phone: home</td>
</tr>
<tr>
<td>City</td>
<td>Street address</td>
</tr>
<tr>
<td>Email address</td>
<td></td>
</tr>
<tr>
<td>Primary language</td>
<td>[ ] English</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>[ ] African-American/Black</td>
</tr>
<tr>
<td>Dental Needs</td>
<td></td>
</tr>
<tr>
<td>When was the child's last dental visit?</td>
<td>[ ] Within last 12 months (Child has a dental home)</td>
</tr>
<tr>
<td>Any pain, trauma to tooth or visible infection?</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Urgency of dental needs</td>
<td>[ ] Non-Urgent</td>
</tr>
<tr>
<td>Insurance Status/HTC Referral</td>
<td></td>
</tr>
<tr>
<td>Insurance Type</td>
<td>[ ] Medi-Cal</td>
</tr>
<tr>
<td>Insurance ID Number</td>
<td></td>
</tr>
<tr>
<td>Verified or Mida Check!</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Has the child been referred to a Health Insurance Technician or enrollment?</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Did the client acquire new health insurance/Medi-Cal?</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Enrollment</td>
<td></td>
</tr>
<tr>
<td>Did the family sign consent?</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Enrollment Status</td>
<td>[ ] Enrolled</td>
</tr>
<tr>
<td>Dental Appointment Made for Child</td>
<td></td>
</tr>
<tr>
<td>Date of dental appointment</td>
<td></td>
</tr>
<tr>
<td>Name of dental provider</td>
<td>Location</td>
</tr>
<tr>
<td>Appointment Status &amp; Troubleshooting</td>
<td></td>
</tr>
<tr>
<td>Did the client show up for the appointment?</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>If the client didn't show up for the dental appointment</td>
<td>[ ] Scheduling conflict</td>
</tr>
<tr>
<td>What was the reason?</td>
<td>[ ] Transportation problem</td>
</tr>
<tr>
<td>Encounter from given to dental provider?</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Encounter form received back from dental provider?</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Make-Up Dental Appointment</td>
<td></td>
</tr>
<tr>
<td>Date of dental appointment</td>
<td></td>
</tr>
<tr>
<td>Name of dental provider</td>
<td>Location</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
</tr>
</tbody>
</table>
## Form 14: HTHC Monthly Progress Report of CDCCs

<table>
<thead>
<tr>
<th>Reporting Period: Month, Year</th>
<th>Name of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>No. of events organized/attended</td>
<td>CDCC 1 (Name of CDCC)</td>
</tr>
<tr>
<td></td>
<td>total</td>
</tr>
<tr>
<td></td>
<td>in-reach</td>
</tr>
<tr>
<td></td>
<td>outreach</td>
</tr>
<tr>
<td>No. of people attended the events</td>
<td></td>
</tr>
<tr>
<td></td>
<td>total</td>
</tr>
<tr>
<td></td>
<td>in-reach</td>
</tr>
<tr>
<td></td>
<td>outreach</td>
</tr>
<tr>
<td>No. of individual people CDCCs talked to at the events</td>
<td></td>
</tr>
<tr>
<td></td>
<td>total</td>
</tr>
<tr>
<td></td>
<td>in-reach</td>
</tr>
<tr>
<td></td>
<td>outreach</td>
</tr>
<tr>
<td>No. of families contacted (600/year/CDCC or 50/month/CDCC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>total</td>
</tr>
<tr>
<td></td>
<td>in-reach</td>
</tr>
<tr>
<td></td>
<td>outreach</td>
</tr>
<tr>
<td>No. of consent forms signed by families</td>
<td></td>
</tr>
<tr>
<td></td>
<td>total</td>
</tr>
<tr>
<td></td>
<td>in-reach</td>
</tr>
<tr>
<td></td>
<td>outreach</td>
</tr>
<tr>
<td>No. of families given health education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>total</td>
</tr>
<tr>
<td></td>
<td>in-reach</td>
</tr>
<tr>
<td></td>
<td>outreach</td>
</tr>
<tr>
<td>No. of dentist appointments scheduled for children/youth (276/year/CDCC or 23/month/CDCC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>total</td>
</tr>
<tr>
<td></td>
<td>for own agency</td>
</tr>
<tr>
<td></td>
<td>for different HTHC agency</td>
</tr>
<tr>
<td>No. of children/youth who showed up for dentist appointment (179/year/CDCC or 15/month/CDCC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>total</td>
</tr>
<tr>
<td>No. of children in continuity of care (116/year/CDCC or 10/month/CDCC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>total</td>
</tr>
</tbody>
</table>
Top Left: CDCC meeting
Top Right and Bottom Left: HTHC CDCCs
Bottom Right: HTHC partner serving client