MARIN HEALTH & HUMAN SERVICES
Health, Well-being & Safety

Marin County

Oral Health Strategic Plan

Produced by
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with Bahar Amanzadeh, DDS, MPH
for the Marin County Health and Human Services Department

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COUNTY OF MARIN

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

MARIN HEALTH & HUMAN SERVICES
Health, Well-being & Safety

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A Message from the Public Health Officer
Marin County Department of Health and Human Services

The Marin County Department of Health and Human Services is dedicated to advancing equity for all in Marin. This goal includes assuring that our communities have access to oral health prevention, education, and linkage to services. Those with barriers to oral health suffer real consequences, such as pain, absences from school and work, difficulty speaking and chewing, reduced job prospects, serious tooth infections, and tooth loss. This plan will create a system of oral health care that will address the needs of vulnerable populations, including pregnant women, children, low-income adults, and seniors. We know that oral health is an integral part of overall health and through our Oral Health Strategic Plan, we are working to address the health, well-being, self-sufficiency, and safety of all in Marin.

This plan reflects the work of our Oral Health Steering Committee, community stakeholders, and our Oral Health Program. We are invested in assessment and elimination of oral health disparities, focusing on prevention of oral health disease, and linkage to dental services. Our plan incorporates best practices and evidence-based policies that will improve oral health in our communities. Implementing this plan will require the combined efforts of our community partners and we are excited to work together to improve oral health and overall health for all in Marin.

Matt Willis, MD, MPH
Public Health Officer
Marin County Department of Health and Human Services

A Message from The Marin Oral Health Steering Committee

The Oral Health Steering Committee is proud to present Marin's Oral Strategic Health Plan. This plan is the result many dedicated professionals, community stakeholders, and passionate community members working together to identify and address the oral health needs and reduce oral health disparities for everyone in Marin.

As a committee, we are committed to prioritizing and expanding prevention, addressing the needs of Marin's underserved and special populations, and developing strategies that are evidence-based and reflect our communities' unique resources and needs.

Our plan focuses on forming partnerships, education, prevention, linkages to care, culturally and linguistically appropriate care through the lifespan, and addressing the use of tobacco on oral health.

Our goal is to create a comprehensive and sustainable system of care so that all in Marin have healthy smiles. We are excited to build this system over the next four years and to make long term impacts on the health of our community.

Marin Oral Health Steering Committee

Linda Abrahams, Marin County Dental Society
Dr. John Boland, Volunteer at Marin Community Clinics
Dr. Clay Campbell, Marin City Health and Wellness
Evelyn Colindres, Health and Human Services
Eileen Espejo, Children Now
Michelle Fadelli, First 5 Marin
Dr. Joshwin Hall, Marin City Health and Wellness, Bayview Hunters Point
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Dr. Connie Kadera, Marin Community Clinics
Kathy Koblick, Health and Human Services
Judith Kunitz, Marin Head Start
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Amy Reisch, First 5 Marin
Sandra Rosenblum, Health and Human Services
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Laurel Yrun, Ross Valley School District
Jan Zaslav, Health and Human Services
Jennifer Zuniga, Health and Human Services

Acknowledgements

We wish to acknowledge the many individuals who participated in the development of this strategic plan. In particular we wish to recognize the special role and contributions of those who served on the Marin Oral Health Plan Steering Committee and in our Oral Health Plan Working Groups. We are indebted to them for their dedication to improving the oral health of Marin County. A full list is found in the Appendices.

BACKGROUND

Introduction About Marin County Public Health

The Marin County Health and Human Services Department ("MCHHS") addresses barriers that are preventing families from attaining optimal health. The department's mission is to "promote and protect the health, well-being, self-sufficiency, and safety of all people in Marin."[1] In response to the California Department of Public Health and the implementation of Proposition 56 earlier this year, MCHHS decided to conduct a follow up needs assessment focusing on oral health that will assist in developing a Local Oral Health Plan which is aimed at alleviating the level of health disparities within the county.

Marin County Local Oral Health

Background of the Marin County Local Oral Health Plan project

In 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (Proposition 56) to increase the excise tax rate on cigarettes and tobacco products. Proposition 56 provides funding to help implement the State Oral Health Plan and to support local oral health programs. The State Oral Health Plan provides the roadmap for planning and implementation and a structure for collective action in partnership with local jurisdictions.[1] Each county was invited to seek funds to develop a Local Oral Health Plan using a community-engaged process. This process includes completing an oral health needs assessment and developing a strategic plan which guides the design and implementation of local programs and policies in order to substantively improve oral health in each county.

[1] 2018. About Marin HHS. County of Marin Department of Health and Human Services. Retrieved from https://www.marinhhs.org/. Accessed November 15, 2018

The Marin County Local Oral Health Program is a county-wide initiative to improve the oral health of Marin residents and to achieve oral health equity in Marin. In 2018, through Proposition 56 resources, the California Department of Public Health awarded Marin County a five-year grant to develop a Local Oral Health Program. The goal of this Program is to create a coordinated system of oral health care in Marin County.

The Program will include a stakeholder-driven process that includes the following objectives:

- Develop a needs assessment;
- Create an improvement plan;
- Implement evidence-based programs identified in the plan and evaluate these programs;
- Develop prevention and healthcare guidelines that help to integrate oral health and overall primary healthcare;
- Mobilize outreach and education that helps to integrate oral health and overall primary healthcare;
- Establish effective oral healthcare delivery and care coordination which includes strategies for oral health workforce development, and;
- Expand existing oral health networks.

Why is oral health important?

Oral health is a key component of overall health and well-being at all stages of life. Children's development and well-being are related to their oral health, and oral health issues are the leading cause of school absenteeism. The most common chronic disease among children is dental caries. Oral health deficits have marked negative impacts on quality of life and employment among adults, and oral disease symptoms may be the first signs of a range of chronic conditions. For seniors, oral health is more likely to decline as tooth loss increases potentially impacting nutrition, social interaction, and overall well-being. The importance of oral health is thus present throughout the life-course.

Oral health best practices

Best practices for improving oral health at the community level call for prevention efforts to move "upstream" by focusing on pregnant women, young children, and system-based preventive approaches. Thoughtful local policies and programs are an effective way to support the implementation of oral health best practices. The Oral Health Plan Steering Committee carefully considered best practices throughout the planning process. Some of the community oral health best practices that were considered include:

- **Dental visits by age one and during pregnancy**
- **Application of fluoride varnish and dental sealants,** reducing risk of early childhood tooth decay by 50% and school age tooth decay by 88% respectively.

- **Bringing services to where people are**, including at WIC (Women, Infants and Children) programs, schools, agencies serving very young children (e.g. FIRST 5 and HeadStart), agencies serving hard to reach populations (e.g. adults experiencing homelessness), and agencies serving older adults.
- **Systematic coordination and linkage to early care**, utilizing resources such as care coordinators and other peer educators.
- **Integration of primary care and dental services**, including oral health screenings, fluoride varnish, education and referral to a dentist at well-child visits and OB/GYN visits.
- **Comprehensive medical and dental services at community health clinics** (this includes Federally Qualified Health Centers) which serve low-income, hard to reach, and underserved populations.
- **Community and individual oral health education** focusing on oral health hygiene, tobacco cessation, and reduction in sugar consumption.
- **Community water fluoridation** reducing risk of tooth decay.

Process/Methodology of the Strategic Plan

Participatory process: This strategic plan was developed through a collaborative and participatory process that included county agencies, nonprofits, and numerous oral health stakeholders. The Marin Oral Health Steering Committee, composed of many individuals previously engaged in an Oral Health Advisory Committee, was formed in April 2018 to provide guidance to the strategic planning process. The Steering Committee was engaged during the entire planning process, developing guiding principles for the strategic plan, advising on the implementation process, and reviewing and approving the content of the plan. Consultants from Hatchuel Tabernik and Associates partnered with Marin County to support the planning process.

Data collected to inform the process: A robust needs assessment, including primary and secondary data collection and analysis, was conducted and used to inform the strategic plan development. The needs assessment is discussed in more detail below.

Community engaged: In August 2018, approximately 28 stakeholders attended a county-wide retreat in Novato, California. At this retreat, the results of the needs assessment were

presented, oral health assets and gaps were identified, oral health priority areas were agreed upon, and early thinking on strategies and outcomes was gathered.

Plan tailored to Marin County: From the Steering Committee and other stakeholders, three workgroups were formed to address the six priority areas and to ensure that the plan would be tailored to the unique conditions of Marin County. Workgroups each met two times to further develop, refine, and revise the goals, strategies, and objectives and to begin action planning. The Steering Committee reviewed, revised, and approved these preliminary plans at their meetings in November and December of 2018.

Marin County Context and Key Assessment Findings

Context of the Marin County Needs Assessment

In 2018 for the 8th time, Marin County was ranked the healthiest county in California by the Robert Woods Johnson Foundation. Despite this designation, issues of health equity are still apparent. For example, African American and Latino children are much more likely to experience poverty and to lack access to oral health prevention and treatment than other children in the county and poverty is more concentrated in specific neighborhoods or regions such as Marin City, the Canal District in San Rafael, and West Marin. There are also low MediCal penetration rates that can make sustaining programs more difficult. This Strategic Plan is concerned with addressing disparities like these in Marin's oral health system along with identifying the strengths of that system.

The Needs Assessment: Key Findings

In response to the California Department of Public Health and the implementation of Proposition 56 earlier this year, MCHHS conducted the oral health needs assessment in order to clearly understands the context for the Local Oral Health Plan which aimed at alleviating oral health disparities within the county.

The Marin County Oral Health Needs Assessment was designed to elucidate the strengths and weaknesses of Marin's oral health system by collecting and analyzing data in key areas identified by the State of California, oral health research, and best practices. The needs assessment process included review of secondary data from reliable sources, community convenings for input, surveys, focus groups, and key informant interviews. While the full report is available at the URL found in the Appendices to this Strategic Plan, we wanted to share some key findings here.

Strengths and Gaps

The strengths of the oral health system came up repeatedly in the needs assessment process including some of the following:

- FQHCs are a prominent component of the oral health system in Marin County. At the time of this plan, there are three FQHC's that provide integrated medical and dental homes, and the percentage of FQHCs with dental services is higher than in the rest of the state. In addition, the FQHCs have expanded their hours of operation to seven days per week which has expanded access and reduced the emergency room burden.
- Marin County FQHCs have participated in the Dental Transformation Initiative increasing the numbers of children age 6 to 9 who are receiving sealants.
- Important assets include: implementation of the Kindergarten Oral Health Assessment; the resulting connection of children needing treatment to services; and strong parental involvement with the Head Start Program in Marin.
- Pregnant women in Marin demonstrate a greater frequency of dental examinations when compared to California as a whole.
- Community water is fluoridated in large parts of the county.
- Dental schools in close proximity to Marin provide volunteers, offer lower cost general and specialty treatment options, and are potentially resources to augment the oral health workforce.
- While public transit is not strong in all parts of the county, there is a transportation service (Whistle-stop) that assists frail and disabled patients who need assistance to get to appointments.

A number of gaps in the oral health system were identified in the needs assessment process. These include:

- There is a dearth of private Medi-Cal dental providers relative to need, and adults in Marin may experience long wait times at FQHCs and Medi-Cal providers.
- There are shortages in the dental workforce. While there may be sufficient private dentists, staff members such as dental assistants can be difficult to find. This is at least partially attributed to the high cost of living and long commutes for those who cannot afford to live in Marin.
- The high cost of care is a barrier to access to care for many who lack sufficient insurance to cover their needs.
- Specialty care is not sufficiently available to meet the need of the underserved population.
- Care coordination for oral health is not sufficient.
- There are not enough oral health care providers in geographically isolated areas, particularly in the rural areas of West Marin.
- There is a gap in access for the low-income adult population that does not qualify for Medi-Cal but cannot afford insurance given the high cost of living in Marin.

- Only 65% of kindergartners participated in the Kindergarten Oral Health Assessment (KOHA). Some interviewees and planning participants attributed this to the consent process and its timing.
- The highest rates of emergency room use for preventable dental emergencies by race/ethnicity are for African Americans and Native Hawaiian/Pacific Islanders. By age the highest rates of emergency room use are for adults 18-44 years of age. The Marin Adult Oral Health Survey indicates that the age groups with the lowest dental insurance coverage rates are those 35-44 years of age and those over 65.

Disparities in oral health and other findings from the needs assessment were used to guide the development of the goals and objectives of this strategic plan.

The Dental Transformation Initiative

Marin County is one of the counties that has been implementing the Dental Transformation Initiative (DTI), an effort to improve the oral health status of children in California. DTI is a strategy created by the California Department of Health Care Services to improve the oral health of children on Medi-Cal. It has contributed to the integration of dental services into FQHCs and the expansion of access. One of its primary objectives is to increase the statewide utilization rate of preventive services for children by at least 10% over five years. The data from 2014 and 2016 were used as a measure of the effectiveness of strategies aimed at incentivizing dental providers in Marin County to prioritize these services for young children.

Kindergarten Oral Health Assessment:

As required by the Kindergarten Dental Check-up Law (AB 1433), the Kindergarten Oral Health Assessment is an annual examination of the unmet oral health needs of children entering their first year of school in California's public education system.

Of the 2,439 incoming Kindergarten students eligible for screening in 2016, only 1,609 (65%) of Marin students were screened through the Kindergarten Oral Health Assessment. While only 7% of those kindergarteners screened were found to have untreated tooth decay, the actual rate of untreated decay among all Marin kindergartners may be higher given the consent requirement that may exclude many students from participating in this assessment.

There are marked disparities in oral health outcomes between various schools and districts. Some school districts far exceed the County average for untreated tooth decay. For example, students at San Rafael City Elementary School District had the highest rate (21%) of untreated tooth decay. As noted in table 3-A below, San Rafael City Elementary also has one of the highest rates of low-income students which underscores the linkage between disparities in income and oral health.

Table 1. Number of Marin County students eligible for and participating in oral health assessment, and number and percent identified as having untreated decay by district, 2016

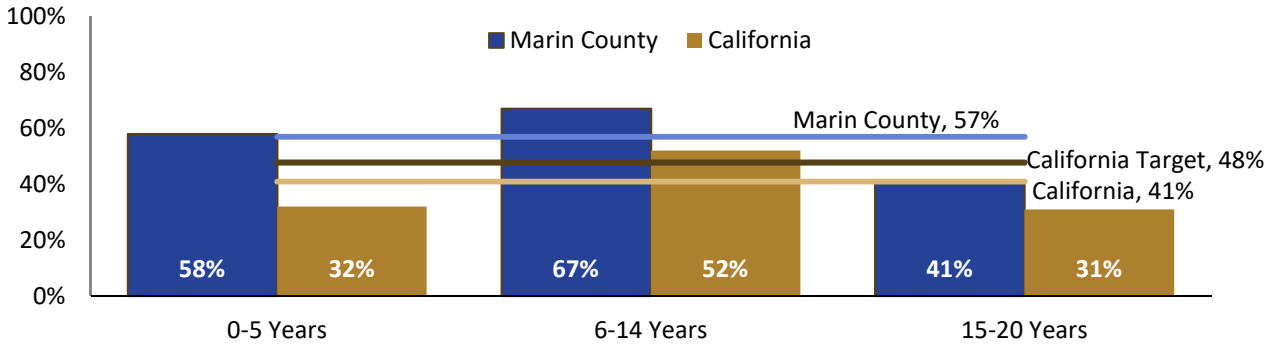
Districts with Elementary Schools	Students Eligible for Assessment (#)	Students Completing Assessment (#)	Students with Untreated Decay (%)
Kentfield Elementary	123	62	8.3%
Laguna Joint Elementary	4	3	0
Lagunitas Elementary	29	27	0
Larkspur Elementary	188	116	7.7%
Lincoln Elementary	3	1	0
Marin County Office of Education	14	3	0
Mill Valley Elementary	391	288	0
Nicasio Elementary	5	5	0
Novato Unified	581	540	5.5%
Ross Elementary	51	45	0
Ross Valley Elementary	289	171	2.9%
San Rafael City Elementary	659	262	21%
Sausalito Marin City	59	52	5.7%
Shoreline Unified	43	34	8.8%
Total	**2439**	**1609**	**7%**

Note: Missing/unreported data for the following districts; Bolinas Stinson Union, Dixie Elementary, Reed Union Elementary, and Union Joint Elementary
Source: 2016, CA Assembly Bill 1433 Kindergarten Dental Screening Data, California Dental Association

Children's Preventive Dental Visits and Sealants

Marin children and youth with Medi-Cal insurance received a preventative dental visit in 2016 at higher rates when compared to their counterparts in California. Marin 6 to 14 year olds have surpassed and birth to five year olds have met the California Target for 2020 (Figure 1). However, transitional age youth (15-20 years) had significantly lower rates than other childhood age groups.

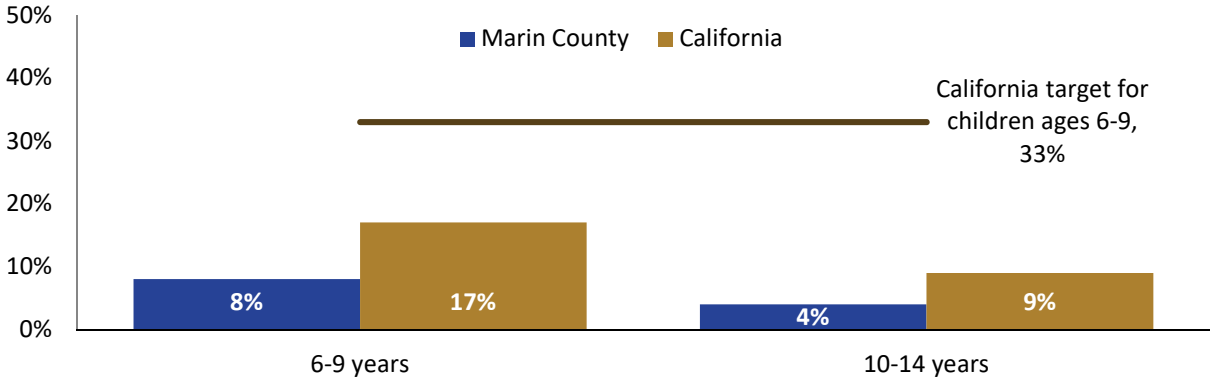
Figure 1. Use of preventive dental services by Medi-Cal eligible children (0-20 years), Marin County and California, 2016



Source: 2016 Dental Utilization Measures and Sealant data, Medi-Cal Dental Services Division, Department of Health Care Services; 2018-2028, California Oral Health Plan, California Oral Health Program, CDPH

Children aged 6-9 who on Medi Cal in Marin County received sealants at lower rates than the state average across California. However, this same group of children has already reached the 2025 California sealant target (Figure 2).

Figure 2. Children 6-14 years old with Medi-Cal insurance receiving sealants, Marin County and California, 2016



Note: California target is for children aged 6-9 regardless of insurance
Source: 2016 Dental Utilization Measures and Sealant data, Medi-Cal Dental Services Division, Department of Health Care Services; 2018-2028, California Oral Health Plan, California Oral Health Program, CDPH

Dental Visits During Pregnancy

Pregnant Marin County women have a higher dental utilization rate (73 %) in comparison to the rest of California (43%). However, within this good news, there are disparities. The most significant gap is found among women who are between the federal poverty level and 200% of poverty (which, given the Marin cost of living, is a more meaningful measure of poverty in California). Pregnant women living at or above 200% of the federal poverty level demonstrated a higher frequency of dental visits (75%) during pregnancy compared to those living between 100%-200% of the federal poverty level (55%). These are typically the working poor who may not be eligible for publicly funded care (Medi-Cal).

Table 2: Women with recent live birth that had a dental visit during pregnancy by insurance, race/ethnicity, and income, Marin County and California, 2015-2016

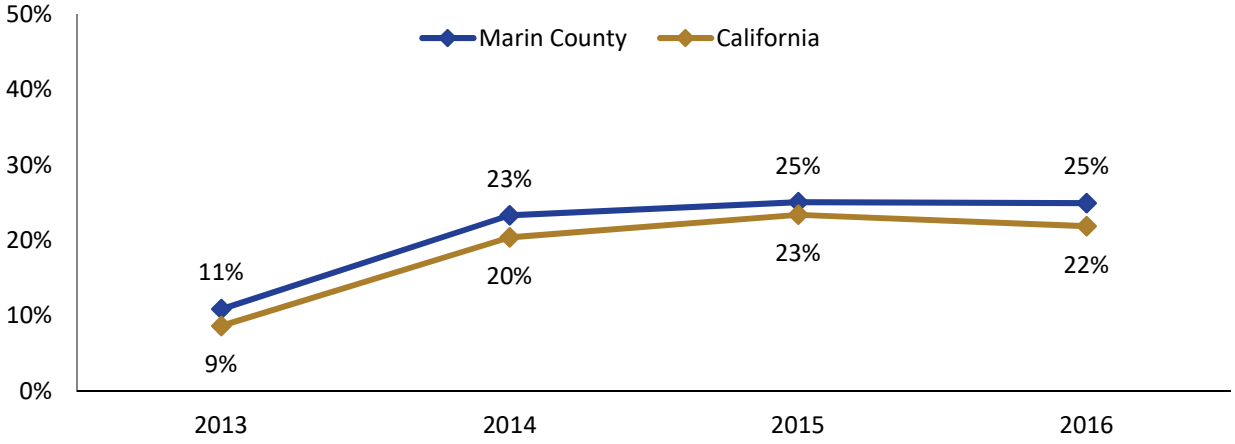
	Health Insurance		Race/Ethnicity				Family Income		
	Medi-Cal	Private	Asian/ PI	Black	Latina	White	0-100% FPL	101-200% FPL	>200 % FPL
Marin County	74%	72%	76%*	--	74%	74%	75%*	55%	75%
California	34%	54%	46%	34%	36%	52%	33%	33%	58%

Note: -- Estimate not shown because the relative standard error (RSE) is greater than 50%, fewer than 5 women reported, or the weighted population denominator for the column is less than 100 women. Estimate marked with an asterisk (*) should be interpreted with caution due to low statistical reliability.
Source: 2015-2016, Maternal and Infant Health Assessment (MIHA) Survey, CDPH

Dental Visits for Older Adults

Dental visits consist of routine check-ups or visits for specific issues. This measure can be a proxy for oral health status, since an annual dental visit would identify and prevent dental issues at their beginning stages. In 2016, Marin County seniors who are on MediCal had a higher rate of visits (25%) than California (22%). Dental care access requires sufficient resources (e.g., dental insurance and/or personal income/wealth) to pay for dental services on a regular basis. Focus groups with low-income seniors indicated that the participants had significant barriers to access in their oral health care including transportation, financial limitations, and the dearth of available Denti-Cal providers.

Figure 2. Utilization of any dental services by Medi-Cal eligible adults aged 65 and older, Marin County and California, 2013-2016



Source: 2013-2016, Dental Utilization Measures and Sealant data, Medi-Cal Dental Services Division, Department of Health Care Services,

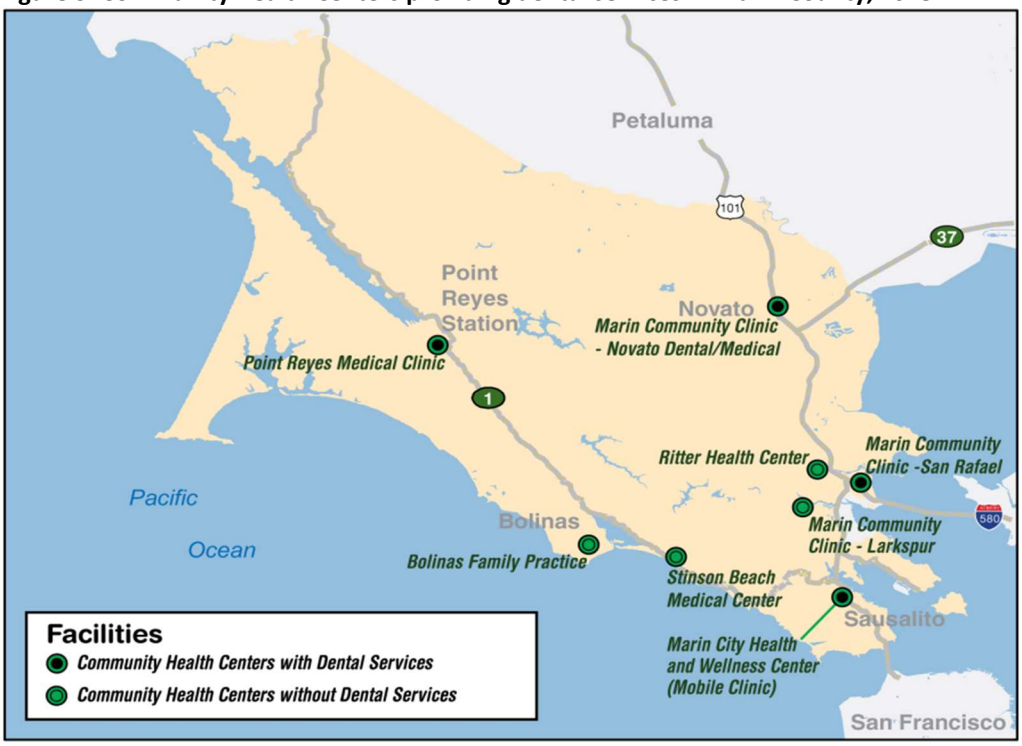
Workforce

The Marin Oral Health Needs Assessment and best practices indicate that having a robust oral health workforce is essential to closing the gaps in oral health outcomes in Marin. The Assessment suggests that resources from dental hygienists to dental specialists are needed to successfully fulfill the needs of Marin County's most vulnerable populations. Marin's FQHCs are critical resources in this effort. The Assessment found that there is a workforce gap in Marin County. According to the American Dental Association, in 2017 there were approximately 61 dentists working per 100,000 individuals nationwide[2].

[2] 2018. Workforce. American Dental Association. Retrieved from https://www.ada.org/en/science-research/health-policy-institute/dental-statistics/workforce. Accessed November 1, 2018

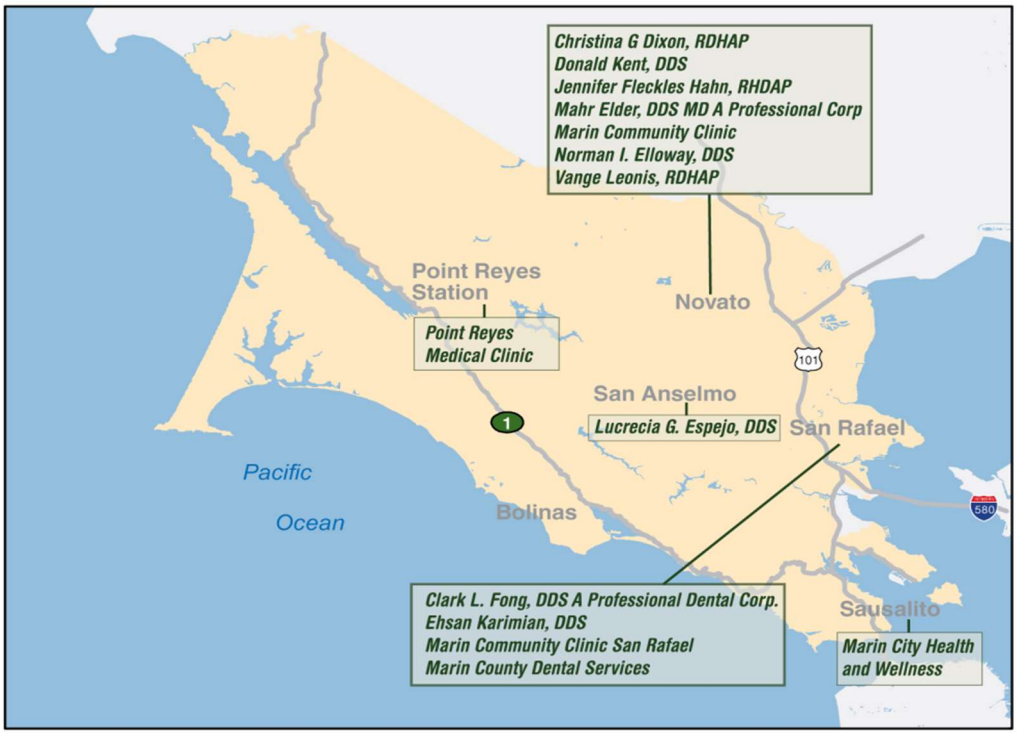
Unfortunately, there are even fewer available dentists that participate in the Denti-Cal. Below is a snapshot of the current dental providers and health centers that are assisting vulnerable populations within the county. The majority of community health centers in Marin County provide dental services in low-income communities (Figure 5-A). However, there are not enough providers accepting Denti-Cal to meet the need of low-income Marin residents. This suggests the need to expand capacity which might be accomplished through educating providers, expanding the numbers of providers participating in Denti-Cal, and integrating dental services into primary care settings.

Figure 3. Community Health Centers providing dental services in Marin County, 2018



Source: 2018, Profile of Enrolled Medi-Cal Dental Fee-for- Service Providers and Safety Net Clinics, California Health and Human Services Agency

Figure 4. Denti-Cal providers in Marin County, 2018



Source: 2018, Profile of Enrolled Medi-Cal Dental Fee-for-Service Providers and Safety Net Clinics, California Health and Human Services Agency

Recommendations emerging from the data for this plan

Some of the initial recommendations for this plan were extrapolated from the Needs Assessment and include:

- Increase oral health referrals from schools.
- Expand successful prenatal oral health programs and reduce disparities.
- Boost access by raising awareness through communication.
- Continue with oral health integration efforts.
- Expand access to specialist care for low income communities.
- Build/strengthen programs that tackle disparities.

Vision and Guiding Principles

Vision

Healthy Smiles for All in Marin.

Guiding Principles

1. Oral health is an essential component of overall health.
2. We will prioritize and expand prevention, yet not to the exclusion of treatment needs in the continuum of care.
3. To achieve oral health for all, we will focus our efforts on understanding and addressing the needs of Marin County's underserved and special populations over the lifespan.
4. Oral health strategies, approaches and services should be evidence-based, as well as informed by best practices that are grounded in and reflective of our community's unique and diverse resources and needs.
5. Culturally and linguistically appropriate oral health services are necessary to achieve health equity.
6. Forming partnerships and relationships among government entities, community-based organizations, clinical settings, and individuals enable us to be successful in achieving oral health for all.
7. Oral health promotion, case management, and care coordination are essential to ensure families and individuals have access to dental care and maintain good oral health.

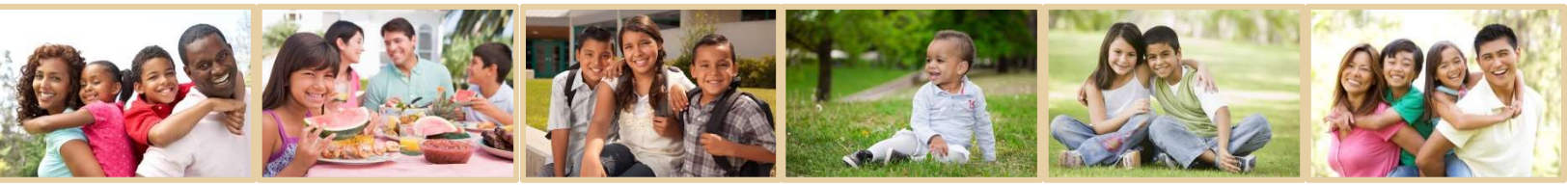
8. Sustainable systems and policy changes are critical to increase access to and utilization of quality dental services.

9. Oral health program surveillance and evaluation are essential to achieving improved oral health.

10. We will use an integrated approach to address tobacco use and oral health.

11. We will identify, prioritize, and address the gaps in oral health care among different populations and age groups.

Focus Areas, Priority Populations, and Goals



The Oral Health Planning Retreat and the Marin County Oral Health Plan Steering Committee engagement described above resulted in the identification of Priority populations and focus areas as follows:

Priority populations

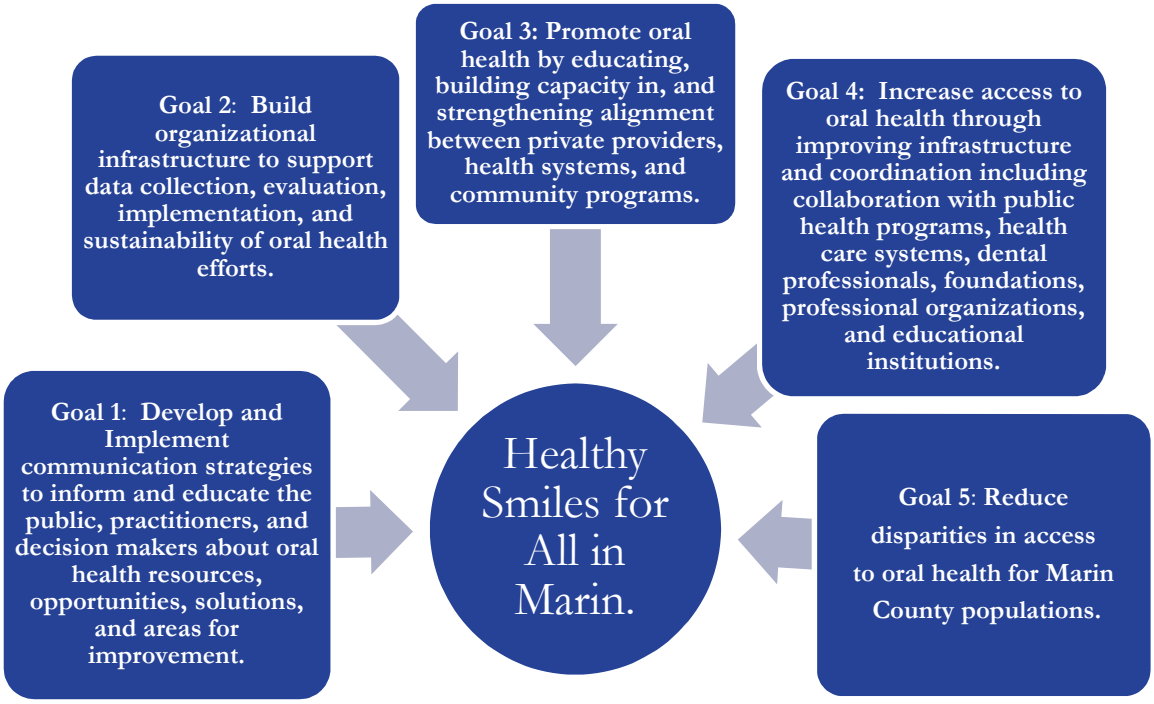
The Marin County Oral Health Plan Steering Committee did not initially highlight any particular population. Through the needs assessment, review of best practices and development of goals, objectives, and strategies, the Steering Committee prioritized strategies to benefit:

- The general population throughout the life course
- Pregnant mothers, particularly those who are low-income
- Very young children (0-5 years old)
- School age children
- Low income seniors

Focus areas

The initial needs assessment process culminated in a planning retreat where participants engaged with data findings, explored assets, gaps, and potential strategies, and identified priorities for the strategic plan. The following were the five priority areas that emerged from the Needs Assessment and community engagement.

1. Oral Health Data and Evaluation
2. Oral Health Policy
3. Oral Health Promotion and Education
4. Integration or Oral Health and Primary Care
5. Oral Health Infrastructure and Coordination
6. Access to Oral Health



Strategic Plan: The Goals

1. Develop and Implement communication strategies to inform and educate the public, practitioners, and decision makers about oral health resources, opportunities, solutions, and areas for improvement.

2. Build organizational infrastructure to support data collection, evaluation, implementation, and sustainability of oral health efforts

3. Promote oral health by educating, building capacity in, and strengthening alignment between private providers, health systems, and community programs

4. Increase access to oral health through improving infrastructure and coordination including collaboration with public health programs, health care systems, dental professionals, foundations, professional organizations, and educational institutions

5. Reduce disparities in access to oral health for Marin County populations

Objectives and Strategies for Goal 1

Goal 1: Develop and Implement communication strategies to inform and educate the public, practitioners, and decision makers about oral health resources, opportunities, solutions, and areas for improvement.

Objective 1.1

By March 2019, begin implementing the SMILE campaign at the county level.

Strategy

I. Utilize California SMILE Campaign materials and leverage to reach Marin populations of interest.

Objective 1.2

By December 2019, begin implementing an oral health communication plan that aims to measurably increase the coordination, consistency and reach of oral health messages among vulnerable populations.

Strategy

I. Inform and educate decision makers and program directors on importance of oral health. Include but do not limit recipients to:
   a. HHS Director and Executives;
   b. Superintendents/School Boards, and;
   c. Division of Aging/Adult Services.
   d. Program Directors with key staff such as eligibility workers

II. Develop and implement a county-wide oral health education plan/strategic communications campaign to include disseminate key messages including on oral health, nutrition and water fluoridation through:
   a. Trainings for staff at partnering organizations;
   b. Expanding existing health education programs, and;

c. Distribution in multiple languages through a variety of targeted media.

Objective 1.3

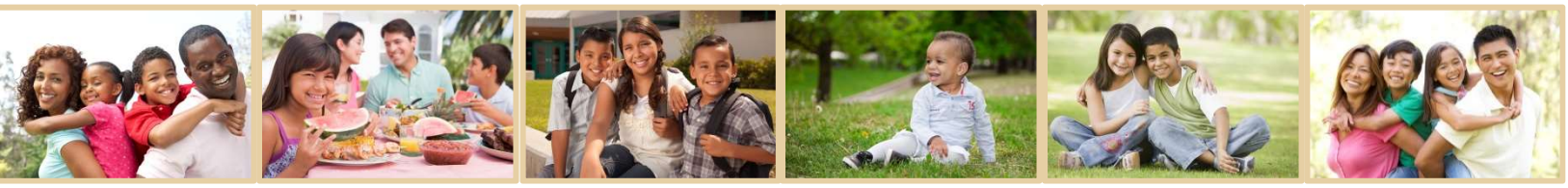
By December 2019, integrate oral health into ongoing Marin HHS activities and other systems of care.

Strategy

I. Include oral health in nutrition education programs at HHS.

II. Identify other activities and systems of care to integrate oral health into.

Objectives and Strategies for Goal 2



Goal 2: Build organizational infrastructure to support data collection, evaluation, implementation, and sustainability of oral health efforts.

Objective 2.1

By December 2020, increase available data on priority and vulnerable populations.

Strategy

I. Increase the percentage of children who access the Kindergarten Oral Health Assessment and results entered into state-wide database.

Objective 2.2

By December 2019, launch an evaluation plan that will be used to monitor and assess the progress and success of the Local Oral Health Program.

Strategy

I. By March 2019, develop an evaluation plan and identify ongoing data collection and dissemination of results of workgroups/programs to inform policy and programmatic decisions.

II. By June 2019, form an evaluation/policy work group to provide oversight and guidance on plan implementation.

Objective 2.3

By December 2022, develop a sustainability plan that includes the identification of additional funding sources to continue implementation of the oral health plan.

Strategy

I. Identify a spending plan for continued implementation.
II. Explore Federal Financial Participation (FFP) and other financing strategies (philanthropic dollars, etc.).

Objective 2.4

By December 2020, at least two additional underserved elementary schools in Marin will collect and report KOHA data.

Strategy

I. Design and implement improved data collection process for KOHA to optimize results.
II. Reach out and educate key district leaders to ensure they understand the importance of oral health and its impact on of attendance and child well-being.
III. 2.4.3: Pilot school-based KOHA program through HHS in two of the most underserved schools.

Objectives and Strategies for Goal 3

Goal 3: Promote oral health by educating, building capacity in, and strengthening alignment between private providers, health systems, and community programs.

Objective 3.1

By December 2020, create and launch an achievable county-wide integrated prevention and education plan.

Strategy

I. By December 2019, form a group to create a county-wide integrated prevention and education plan.
II. By December 2020, identify partners and public health outreach modalities in the county to integrate oral health outreach.
III. By December 2020, coordinate outreach programs to implement a community based oral health literacy campaign as part of the plan.

Objective 3.2

By June 2020, increase the number of systemic pediatric primary care settings where oral health is integrated (i.e. major health care providers, Kaiser, etc.).

Strategy

I. By June 2020, increase the number of private health providers that commit to integrate oral health screenings, fluoride varnish application, oral health education, and referral to care for children 0-5 years old.
II. By March, 2020, gain the commitment of one or more major health provider to integrate oral health into primary care.
III. Create a task force of key stakeholders to support integration with the goals of improving data utilization in order to drive systems change to integrate primary care and dental services.

IV. Implement Child Health and Disability Program (CHDP) mandate to ensure that primary care physicians are being trained as needed to ensure universal dental screening and referrals to dentists for young children.

Objective 3.3

By December 2020, implement one or more county wide training with at least 40 health care providers related to reimbursable pediatric oral health, e.g. fluoride varnish, oral health screening, billing, and referral for children 0-5.

Strategy

I. Work with Marin Dental and Medical Society to create CEU trainings for medical providers covering fluoride varnish, oral health screening, billing and/or referral for children 0-5.

II. Prepare and implement a county-wide training curriculum that can be used in various settings with health care providers. Training to include best practices on how to integrate oral health into their practice, including prevention, and screening.

Objective 3.4

By December 2021, increase capacity and utilization by training 40 dental providers in treatment of very young children.

Strategy

I. Assess the need and, as appropriate, implement more trainings for dental providers on preventive and treatment skills for treating very young children (0-5).

Objective 3.5

By December 2022, increase capacity and utilization by addressing systemic barriers by training and engaging at least 20 prenatal and pediatric healthcare providers.

Strategy

I. Provide best practice trainings and engagement for prenatal and pediatric health care providers, and dental providers related to educating and demystifying oral health prevention and treatment for pregnant women and children 0-5.

Objectives and Strategies for Goal 4

Goal 4: Increase access to oral health through improving infrastructure and coordination including collaboration with public health programs, health care systems, dental professionals, foundations, professional organizations, and educational institutions

Objective 4.1

By December 2022, increase the pool of providers that will serve the underserved populations (the availability of providers including specialists).

Strategy

I. Create a network of private practice dentists as part of a referral system and through Marin County Dental Society/ Dental Care Foundation.
II. Provide coordination at FQHCs to build on existing efforts to collaborate with private volunteer specialist providing services at clinic sites.
III. Expand FTEs pediatric dentist specialist availability at MCC.

Objective 4.2

By December 2019, create or expand existing oral health networks to achieve health improvements through policy, financing, education, dental care, and community engagement strategies.

Strategy

I. By December 2019, use existing county-wide Oral Health Coalition/Collaboration and maintain Bi Annual (or annual) convenings to inform, share progress, mobilize new

communities, expand county wide infrastructure for oral health networking and collaboration, and improve access to care and resources.

II. By December 2019, establish a dental network of Community Clinic Dental Directors and other FQHC leaders by asking Community Health Coalition to establish an Oral Health Consortium.

Objectives and Strategies for Goal 5

Goal 5: Reduce disparities in access to oral health for Marin County populations

Objective 5.1

By December 2022, increase the number of pregnant women with income between 100% and 200% of the Federal Poverty Level who receive a dental visit during pregnancy by 5% (from 55% to 58%).

Strategy

I. By December 2019, outreach to perinatal service providers and partners to inform them that there is a sliding scale payment or waiver available for pregnant women who are low income.
II. By December 2020, expand existing prenatal oral health programs to increase education and referral to dental care for pregnant women.
III. By December 2020, expand prenatal care coordination.

Objective 5.2

By December 2022, increase early childhood access with early childhood programs that strengthen oral health integration, increase education, and increase prevention.

Strategy

I. By December 2019, expand on the success of Head-Start Oral Health education and referral activities.
II. By December 2022, establish a preschool/ TK oral health educational and prevention program operating in underserved areas such as West Marin.
III. By December 2022, conduct screenings at daycare centers, Head Start, etc.
IV. By December 2022, address barriers to parent consent among those without providers/insurance.

Objective 5.3

By December 31, 2022, undertake new efforts aimed at reducing disparities within and between districts by piloting school-linked/school-based health center approaches in high risk schools and rural areas in Marin County.

Strategy

I. By December 2022, engage districts and community clinics to discuss the possibility of creating a School-Linked Oral Health pilot program through Community Clinics to:
    a. Provide Oral Health screening for Kindergarteners;
    b. Provide a sealant program in rural schools for 3rd graders, and;
    c. Implement school-based referral and preventive services to Kindergarteners including fluoride varnish.

Objective 5.4

By December 2020, continue to engage FQHCs to increase access to care by piloting on-site services and innovative tele-dentistry approaches at senior facilities.

Strategy

I. By December 2020, explore Tele-Dentistry and mobile dental approaches by Marin Community Clinic (Marin FQHCs with dental services) utilizing available funding streams. (need a van/mobile clinic).
II. By December 2020, build capacity through existing systems to decrease the wait time for adult patients (opportunity through West Marin's new clinic).
III. By December 2020, provide services in nursing homes and senior housing by bringing services (using portable equipment) to them.
IV. By December 2020, explore linkages to nonprofits, financial support resources for elders, and case management support for those in nursing home/elder care facilities.

Evaluation

The oral health strategic planning process will be followed by the development of key indicators that will be used to track Marin County's progress in oral health. The Steering Committee agreed to use simple stream-lined approaches where possible to maximize the resources while empowering the partnering organizations and providers with data to understand what is working. Please see more information about our evaluation approach in the Appendices.

Appendices

A. List of Participants

B. Glossary of Terms

A. List of Participants

Steering Committee:

Linda Abrahams, Marin Country Day School
Dr. John Boland, Marin Community Clinics
Dr. Clay Campbell, Marin City Health and Wellness
Evelyn Colindres, Marin County Health and Human Services
Eileen Espejo, Children Now
Michelle Fadelli, First 5 Marin
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Marjorie Stocks, American Dental Association
Laurel Yrun, Ross Valley School District
Jan Zaslav, Marin County Health and Human Services Department
Jennifer Zuniga, Marin County Health and Human Services Department

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Promoting Oral Health Through Education and Integration (Working Group)

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Evelyn Colindres, Marin County Health and Human Services Department
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Building Access to Oral Health through Coordination, Infrastructure, and Collaboration (Working Group)

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Laurel Yrun, Ross Valley School District
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Strategic Planning Consultants

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B. Glossary of Terms

AB 2207: A Medi-Cal Dental program bill approved in September 2016 to improve the Denti-Cal program. Requires the department of Health Care Services Agency to undertake specified activities, such as expediting provider enrollment and monitoring dental service access and utilization. AB 2207 requires that dental screenings and appropriate referrals be provided for eligible beneficiaries through a Medi-Cal managed care health plan.[51]

Affordable Care Act (ACA): The landmark health reform legislation passed in March 2010 that made numerous improvements to both Medicaid and the Children's Health Insurance Program by changing the structure and availability of health insurance coverage and expanding Medicaid coverage to millions of low-income Americans.[52]

Best Practice: In public health, a best practice is an intervention that has shown evidence of effectiveness in a particular setting and is likely to be replicable to other situations.[53]

Care Coordination: As defined by authors of a systematic review of care coordination definitions, care coordination is "the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care."[54]

Caries: Also referred to as tooth decay or cavities, dental caries is a disease caused by a buildup of plaque (sticky bacteria) that leads to the destruction of the tooth structure. If left untreated it can lead to cavities in the tooth's surface and other dental issues.[55]

Caries Experience: A way to define oral health status, caries experience refers to any current or past evidence of having dental caries as defined by having at least one decayed, extracted/missing or filled tooth due to caries.

Child Health and Disability Prevention Program (CHDP): Providers enrolled in the CHDP program provide health and dental assessments for the early detection and prevention of disease and disabilities, health education, and referrals to necessary treatment for low-income children and youth. The CHDP program also oversees the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth.

Community Health Center (CHC): Includes Federally Qualified Health Centers (FQHCs), FQHC look-alikes, and community clinics. CHCs provide a range of health services to underserved residents of a specific geographic region. They are often patient-directed and involve the local community in the governance of the center.

Dental Home: The ongoing relationship between a dentist and a patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. The dental home should be established no later than 12 months of age to help children and their families institute a lifetime of good oral health. A dental home addresses anticipatory guidance and preventive, acute, and comprehensive oral health care and includes referral to dental specialists when appropriate.

Denti-Cal: The Medi-Cal Dental program which provides dental insurance coverage to people who qualify for and are enrolled in Medi-Cal, i.e. low-income children, adults and seniors, and individuals who are disabled, in the foster care system, are pregnant, or have specific diseases (regardless of income).

Federal Poverty Level (FPL): A threshold that is used by the Census Bureau and other governmental agencies to determine who is in poverty. The FPL threshold varies by family size and composition, but not geographically and therefore does not reflect cost of living. For example, the poverty threshold for a family of four (with 2 children under the age of 18) was $24,339 in 2016 which is well below the real cost of providing for basic needs in Marin County.

Federally Qualified Health Centers (FQHCs): FQHCs are community-based health care providers that care for underserved populations. They receive funds from the federal government which require them to meet a stringent set of requirements, including ensuring that care is affordable and incorporating community input into the center's governing.[64]

Fluoride Varnish: A coating of fluoride that is applied to tooth surfaces every three to six months in order to prevent or stop decay. Fluoride varnish can be applied by both dental and medical professionals.

Free and Reduced Price Meal (FRPM) program: A program that offers free or reduced meals to students from households with incomes at or below a certain level. Children who are eligible for the FPRM program have a family income under 130% (for free meals) and 131-185% (for reduced price meals) of the Federal Poverty Level.

Head Start: A federally funded pre-school program for low-income families that promotes school readiness through education, health, nutrition and social services for children under the age of five.

Kindergarten Oral Health Requirement (AB1433): A California law passed in 2006 that was enacted to help schools support student readiness and success, creating a system through which schools can identify students who suffer from untreated dental disease and help parents connect to a dental home. This law requires that children receive a dental assessment before entering kindergarten or first grade (if they did not receive it before kindergarten).

Medi-Cal: California's Medicaid program, financed equally by the state and the federal government. It is public health insurance with specific eligibility requirements, primarily serving

low-income children, adults, and seniors. People who are not low-income may still qualify if they, for example, a have a disability, are in foster care, are pregnant, or have specific diseases. Medi-Cal is an entitlement program, meaning that if an individual qualifies, they receive benefits.

Prenatal: Occurring or existing before birth. Prenatal care is the health care women receive from healthcare professionals, such as obstetricians or midwifes, during pregnancy.

Preventive Dental Visit: A dental visit that promotes good oral health and function by preventing or reducing the onset and/or development of oral disease. These visits could include procedures such as dental exams, cleanings, sealants, fluoride varnish application, and other preventive procedures.

Priority Populations: Populations that are underserved and/or uniquely impacted by an identified health issue. Priority populations may be defined by demographic characteristics, geography, or other identifying characteristic.

Sealants: "Dental materials that dentists apply to the pit and-fissure surfaces of teeth. The sealant material penetrates pits and fissures and then hardens, acting as a physical barrier that stops or inhibits the ingress of bacteria and nutrients."[81]

Tooth Decay: Damage that happens when bacteria causes the tooth's surface, the enamel, to weaken. This damage can lead to cavities, pain, infection, and tooth loss.

Virtual Dental Home (VDH): A community-based "dental home" at which people are able to receive basic dental care in community settings where they live or receive other non-oral health services. This system links dental care providers located in remote offices with community-based practitioners to promote oral health, with a focus on preventive care.

Water Fluoridation: The addition of supplemental fluoride to drinking water in the community, which is a cost effective and safe way to prevent tooth decay and cavities.

Women, Infants and Children (WIC): A program that work to improve and safeguard the nutritional status of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 by providing nutrition supplements, breastfeeding assistance, health education, and referrals to other community resources.