



ORAL HEALTH STRATEGIC PLAN



January

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SACRAMENTO COUNTY PUBLIC HEALTH

SACRAMENTO COUNTY ORAL HEALTH PROGRAM
STRATEGIC PLAN 2018 - 2022

Prepared By:
Sacramento County Oral Health Program
Staff & Advisory Committee

To obtain additional copies of this report, Please contact:

Sacramento County
Department of Health Services
Division of Public Health
7001-A East Parkway, Suite 600
Sacramento, CA 95823

Phone: 916-875-6259
TTY: 877-835-2929
Website: www.scph.com

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Introduction	3
Purpose.....	3
How Will It Be Used?.....	3

BACKGROUND

About Sacramento County	4
Strategic Planning Process	5
Strengths, Assets, and Challenges	6
Needs Assessment Results	7

STRATEGIC PRIORITIES

Oral Health Advisory Committee Priority Survey	9
Key Priorities	10

Strategies

Priority Area I: Preventive Oral Health Services	11
Priority Area II: Kindergarten Oral Health Assessment	13
Priority Area III: Common Risk Factors	15
Priority Area IV: Oral Health Literacy	16

SUMMARY AND NEXT STEPS	17
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APPENDICES

A Sacramento County DHS Organizational Chart	19
B Sacramento County Public Health Organizational Chart	20
C Oral Health Program Staffing Pattern	21
D Advisory Committee Member List	22
E Asset Mapping Project	23
F Needs Assessment Workgroup Member List	24
G Medi-Cal Dental Utilization Map by Zip Code (Age 0-20 & 21+)	25-26

EXECUTIVE SUMMARY

Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world.

~Joel A. Barker

INTRODUCTION

In January, 2018, Sacramento County Oral Health Program (SCOHP) began receiving grant funding from the California Department of Public Health – Office of Oral Health, through revenue generated by Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016. Over the past year, SCOHP has undertaken a comprehensive process for planning and implementing strategies to meet the goals and objectives of the *California Oral Health Plan 2018-2028*. This process involved conducting a county-wide oral health needs assessment and convening an advisory group of community partners to determine the best steps to make use of this opportunity to improve the oral health of county residents. The result is the *Sacramento County Oral Health Program Strategic Plan 2018 – 2022*.

PURPOSE

In general terms, a strategic plan is intended to provide guidance to an organization as it moves forward to carry out its mission. The *Sacramento County Oral Health Program Strategic Plan 2018 – 2022* sets the direction of the program over a four and a half year period. This plan is designed to be realized over a period of years and not all strategies will be accomplished within the first years of the plan. The strategic plan lays out the priority areas identified for oral health intervention, a plan of action, and a commitment to implementing and evaluating the effectiveness of projects in an organized fashion.

HOW WILL IT BE USED?

SCOHP program staff and the SCOHP advisory committee will use this plan as a roadmap to guide decision-making intended to further the goals of the program and the California Oral Health Plan 2018 - 2028. In addition, the goal of the strategic plan is to:

- Communicate the program’s vision and share its values and priorities
- Serve as a baseline to show progress
- Reflect our commitment to working with community partners to achieve common goals
- Provide a structure to ensure oversight and accountability.

SCOHP looks forward to achieving the goals of the *California Oral Health Plan 2018-2028* and wishes to thank the California Office of Oral Health for their support during the planning process.

ABOUT SACRAMENTO COUNTY

Sacramento County covers 984 square miles and is home to the California state capital, 1.5 million residents and seven cities. The Sacramento Metropolitan Area is the largest in the Central Valley, and is the fourth largest in California, behind Los Angeles, San Francisco Bay and San Diego. The County is bordered by Contra Costa and San Joaquin Counties on the south, Amador and El Dorado Counties on the east, Placer and Sutter Counties on the north, and Yolo and Solano Counties on the west. About one quarter (24.1%) of Sacramento County's population are children under the age of 18. Adults aged 18 – 64 years make up 62.7% of the population and 13.2% are 65 and older. About 16% of the county's population (and 23% of children) were estimated to be living below the federal poverty level in 2016.

DIVISION OVERVIEW

The Department of Health Services (DHS), under the supervision of the Board of Supervisors, houses the local public health department for Sacramento County. Established in 1950, DHS provides community-wide health services to county residents. DHS programs provide services through three main divisions: Primary Health Services, Behavioral Health Services, and the Public Health Division (Appendix A and B). Public Health Promotion and Education resides in the Public Health Division and is home for the Sacramento County Oral Health Program.

ORAL HEALTH PROGRAM BACKGROUND

The purpose of the Sacramento County Oral Health Program (SCOHP) is to promote awareness about the importance of oral health and to collaborate with community members, organizations and stakeholders to address the oral health concerns in Sacramento County. Through education and outreach, it is the goal of SCOHP to use best practices to inform the public about the relationship between good oral hygiene and positive health outcomes in addition to the relationship between poor oral health and chronic health conditions. Since its inception in 1978, SCOHP, known as Smile Keepers, has provided oral health education, oral health screenings, topical fluoride treatments, and dental sealant services in preschools, elementary schools and at community events throughout the region.

In January 2018, the SCOHP began the assessment and planning phases for new projects with funding received from the California Department of Public Health through Proposition 56: Tobacco Tax Act. The purpose of these projects is to meet the specific oral health needs of Sacramento County residents and the goals and objectives of the California Oral Health Plan. In January 2019, the program will begin the implementation phase for these projects, many of which include collaborations with community-based organizations and chronic disease prevention programs within the Health Education Unit of Sacramento County Division of Public Health. For a detailed staffing pattern of SCOHP, see Appendix C.

STRATEGIC PLANNING PROCESS

In 2018, SCOHP began the planning phase of a five year grant project. The first step was to form an Oral Health Advisory Committee (AC) composed of local stakeholders including representatives from the dental profession, Sacramento County Office of Education, preschools, First 5 Sacramento, dental health plans, school nurses, and county chronic disease prevention program staff (Appendix D). The AC was scheduled to meet bi-monthly to set program priorities, identify assets, assess gaps and develop strategies for the implementation phase of the project.

During the initial AC meeting a vision and mission statement was developed and a list of program values was identified. SCOHP staff and the AC engaged in multiple planning projects including the development of an inventory of oral health care resources in the community with the goal of identifying gaps in coverage and/or barriers to care (Appendix E).

SCOHP retained Barbara Aved Associates to perform a county-wide oral health needs assessment. AC members, SCOHP staff and Aved Associates worked closely together throughout the process. Data for the report was drawn from secondary data and from primary data gathered from professional surveys, key informant interviews and focus groups. In addition, county staff and community partners coordinated to collect over 1,700 oral health surveys from community members. Information obtained provided key insights specific to the needs of Sacramento County. AC members and SCOHP staff reviewed the initial draft of the needs assessment report and made suggestions for revisions prior to finalization. For a detailed list of workgroup members involved in needs assessment activities, see Appendix F. Upon completion of the report, AC members were surveyed to assist SCOHP staff in prioritizing strategies for implementation in the work plan. Implementation of projects is scheduled to begin in January, 2019. The AC will continue to meet during the implementation phase to provide continued guidance and to assist in evaluating program effectiveness.

VISION . MISSION . VALUES

VISION

Working together to improve oral health.

MISSION

The Sacramento County Oral Health Program works to promote oral health through collaboration, education, prevention and advocacy.

VALUES

EDUCATION: We believe in prevention, health promotion, access to oral health information and early intervention.

QUALITY: We believe in quality of care for all including optimal customer service from providers and insurance plans.

COLLABORATION: We believe in collaboration between organizations, agencies and programs to leverage resources and foster a seamless system of service delivery.

EQUITY: We believe oral health services should be available and easily accessible in the communities where people live.

STRENGTHS, CHALLENGES AND ASSETS

By conducting an asset inventory prior to beginning the needs assessment and program development efforts, SCOHP staff gained a better understanding of existing services and identified areas where programs are not accessible. The asset inventory was also valuable as a list of existing resources helpful for gathering data for the needs assessment. In addition to creating a physical map of available services, the asset inventory helped SCOHP staff and AC members study the complex web of existing oral health systems to gain a better understanding of how stakeholders might collaborate to improve oral health outcomes. Sacramento County is fortunate to have an active and engaged oral health professional community. Good communication between these stakeholders is essential in order to maximize collaborative partnerships. The Sacramento Oral Health Program will take steps to link the assets of the community together in order to address the priority needs of the community and utilize the active local partnerships to provide the mechanism to ensure outside resources are used to support program priorities, strategies, and action plans.

STRENGTHS & OPPORTUNITIES

- 65% of Sacramento County currently has access to fluoridated tap water.
- Sacramento County is one of thirteen entities that receive funding for Dental Transformation Initiative pilot projects including Virtual Dental Home, Medical/Dental Partnership, and Community Outreach programs.



CHALLENGES & BARRIERS

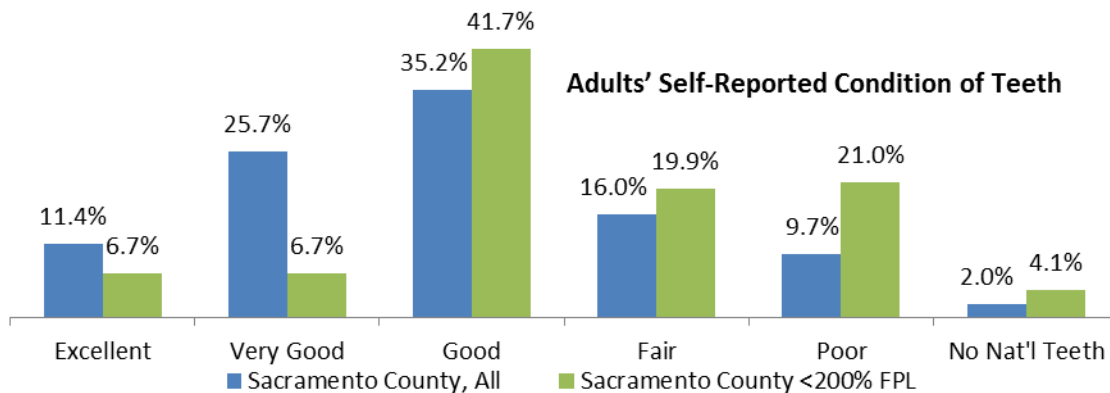
- 25-37% of preschool children screened over the last three years showed evidence of untreated dental decay and adults in the county have even higher rates of untreated oral disease.
- High numbers of children and adults go to emergency rooms for preventable dental conditions.
- Sealants, an evidence-based preventive measure, are significantly under-utilized.
- Most dentists do not accept Medi-Cal Dental as a form of insurance due to low reimbursement.
- Lack of workforce models that provide preventive care in schools and public health settings.
- Many Sacramento residents do not know about the relationship between oral health and overall health conditions such as heart disease, diabetes, and pregnancy.

ORAL HEALTH IN SACRAMENTO COUNTY: NEEDS ASSESSMENT RESULTS

Existing oral health data for the needs assessment report was gathered and new research, including key informant and focus group interviews and community and oral health professional surveys, was performed. This comprehensive study provides information about several areas of oral health unique to the residents of Sacramento County: prevalence of oral disease in adults and children; residents' ability to access oral health care services through dental insurance provider networks, community resources and safety net clinics; use of emergency departments for preventable dental care; the importance of oral health during pregnancy and in relationship to overall health; the percentage of population that has access to fluoridated tap water and other protective factors. Below is a list of key findings from the needs assessment report.

About 25% to 37% of preschool children screened during the last three years showed evidence of untreated dental decay. Estimates from state data suggest that over 40% of low-income adults aged 20 and over have at least one untreated decayed tooth, 46% of all adults over age 25 have some level of periodontal (gum) disease, and 70% of adults age 65 and over have some level of oral disease.

Adults living below the federal poverty level are most at risk for untreated oral disease. Thirty-seven percent of all adults reported the condition of their teeth as excellent or very good, while only 13% of low-income adults made the same claim.



Most children from lower-income households qualify for dental insurance coverage and approximately 34.5% of those children have Medi-Cal as their primary health and dental insurance. Recently, some benefits have been restored for adults. However, utilization of available benefits for both children and adults is low (Appendix G). Sacramento County is unique in that it is one of only two California counties with Geographic Managed Care (GMC),

and the only one where it is mandated. As a result, the majority of the Medi-Cal beneficiaries in Sacramento are in a GMC plan.

Sacramento GMC utilization rates still lag those experienced by other California counties and the national Medicaid average. At 39.6%, Sacramento County trails both the statewide Fee for Service (FFS) average (52.5%) and the national Medicaid average (48%). In calendar year 2016-2017, between 36% and 40% of children assigned to GMC visited a dentist. During the same period, only 15% to 21% of adults in GMC utilized dental benefits. Information gathered from focus group participants described personal barriers, such as an inability to pay their share of costs and dental fear, to be the biggest reasons why people don't go to the dentist.

Emergency departments in Sacramento County continued to see an increase in the number of visits made for preventable dental conditions. Out of the 8,495 emergency room visits in 2016-2017 for primary oral conditions, 72.4% were defined as preventable. As emergency room care is expensive and the cost is borne by public programs such as Medi-Cal, this data underscores the need for expanded access to dental services, preventive care, and educational programs.

Other notable facts revealed in the oral health needs assessment:

- New mothers living in high poverty neighborhoods in Sacramento County surpasses the statewide average (42.7% vs. 38.9%). Only 37.1% of low-income women in Sacramento County received vital preventive dental services during pregnancy during 2015-2016.
- Approximately 50% of Sacramento residents surveyed were not aware of a relationship between oral health and diabetes or heart disease.
- Data for dental sealants is difficult to obtain. Based on available information, less than 20% of children receive dental sealants on 1st or 2nd molars.

On the protective side of oral health, nearly 65% of Sacramento residents have access to fluoridated drinking water, which is the safest and most effective intervention for preventing tooth decay. Efforts are underway to optimally fluoridate additional water systems within the county. Although fluoridated drinking water is available to nearly two-thirds of county residents, it is unknown how many residents drink tap water versus bottled water – which is not fluoridated and 50% of survey respondents did not know if their tap water is fluoridated.

The oral health needs assessment identified many barriers and challenges, and also many opportunities for growth and improvement. The information provided in this report is an important resource for guiding future projects and the Strategic Plan for the Sacramento County Oral Health Program. For more information, see the Sacramento County Oral Health Needs Assessment report at <http://www.dhs.saccounty.net/PUB/Pages/Dental-Health-Program/SP-Dental-Health-Program.aspx>.

ORAL HEALTH ADVISORY COMMITTEE PRIORITY SURVEY

The Sacramento County Oral Health Program surveyed the Oral Health Advisory Committee to assist in developing the work plan for implementing projects. Each member was asked to rate the top three strategies in the six topic areas listed as objectives in the California Oral Health Plan. Being most familiar with local issues, members identified strategies that would best work in the community and contribute to success during the implementation phase of the program.

Below are the results of the Advisory Committee Priority Survey:

FLUORIDE

- Create partnerships for school-based screenings and fluoride varnish applications
- Conduct community-wide media campaign to increase the consumption of tap water
- Work with medical and dental providers to recommend tap water consumption

SEALANTS

- Work with pediatricians to promote sealants with children between 7 and 14 years old
- Work with the dental community to increase sealant utilization
- Provide education to parents on the importance of sealants

HEALTH EDUCATION & OUTREACH

- Train prenatal providers on recommendations for oral health during pregnancy
- Collaborate with county programs and other stakeholders to align/integrate oral health messaging into program activities/work plans

TOBACCO CESSATION

- Offer continuing education to dental providers on tobacco cessation efforts
- Train health professionals on motivational interviewing
- Offer training on the “5 A's model” (ask, advise, assess, assist, arrange)

RETHINK YOUR DRINK/SUGAR-SWEETENED BEVERAGES

- Provide public awareness campaign targeting families
- Provide best practices on counseling families on reducing sugar-sweetened beverage and encouraging tap water consumption
- Integrate oral health messaging into chronic disease prevention programming

KINDERGARTEN ORAL HEALTH ASSESSMENTS

- Work with school districts to discuss best practices for the Kindergarten Oral Health Assessment requirement
- Research barriers to completing assessments and entering the data into the system

KEY PRIORITIES

Based on the results of the Sacramento County Oral Health Needs Assessment, feedback from the Advisory Committee, and in consideration of the framework set out in the California Oral Health Plan 2018-2028, SCOHP is planning activities in the following key priority areas:

PRIORITY AREA I: PREVENTIVE ORAL HEALTH SERVICES

Since tooth decay is widely recognized as the most common, yet preventable, chronic condition experienced by children, SCOHP will inventory schools in the county with access to school-based preventive oral health services, identify gaps, and advocate for expansion of services. The Program will seek to increase public awareness about the important preventive oral health benefits of dental sealants, topical fluoride applications, and consumption of fluoridated community water.

PRIORITY AREA II: KINDERGARTEN ORAL HEALTH ASSESSMENT

Tooth decay results in an untold number of missed school days each year. Children who are in pain cannot be successful students. SCOHP will work with community partners to increase the number of school districts that report the results of the Kindergarten Oral Health Assessment into the System for California Oral Health Reporting (SCOHR) and to improve their ability to connect children identified as needing care to oral health services.

PRIORITY AREA III: COMMON RISK FACTORS

Tobacco use and consumption of sugar-sweetened beverages are common risk factors for preventable oral and chronic diseases. SCOHP will develop and deliver evidence-based training and resource materials for oral health professionals to assist clients in making healthy choices.

PRIORITY AREA IV: ORAL HEALTH LITERACY

SCOHP will collaborate with primary care providers, home visiting programs, and other chronic disease prevention programs to implement an evidence-based oral health literacy program intended to serve vulnerable and underserved populations identified in the oral health needs assessment, specifically: pregnant and perinatal women. In addition, the Program will collaborate with the Child Health and Disability Prevention (CHDP) program to encourage medical providers to perform oral health assessments and fluoride varnish applications at well-child visits.

STRATEGIES

PRIORITY AREA I: PREVENTIVE ORAL HEALTH SERVICES

For Priority Area I, SCOHP has identified two objectives for program focus: surveillance of school-based/linked preventive oral health services; and collaboration, advocacy, and education related to community water fluoridation. Program activities in this priority area are identified under Goals 1 and 4 of *the California Oral Health Plan 2018-2028*.

Surveillance

By June 30, 2019, SCOHP will develop will develop a spreadsheet to surveille school-based preventive oral health programs in the county.

SCOHP staff will identify high need schools (>50% participation in FRMP)

SCOHP staff will collaborate with community partners to identify school-based oral health services being provided in the county in order to assess the number of participating children that receive oral health screenings, topical fluoride applications, dental sealants, and oral health education services.

SCOHP staff will update this information annually and make information available via the Communication Plan to assist community partners in program planning, reduce duplication of services, and provide information to assist in evaluating interventions.

For many years, Sacramento County has had a patchwork system of school-based preventive oral care programs. This system involves multiple entities and there hasn't, historically, been a formal system for surveilling the activities of each organization. Having access to a comprehensive database will assist organizations in building capacity, minimizing duplication of services, planning new programs, and provide important information for evaluating intervention strategies.

Activities

SCOHP staff will:

- Develop a spreadsheet of all public schools in the county
- Identify the schools that meet the criteria for being high need (> 50% participation in Free and Reduced Meal Programs)
- As available and when cost-effective, collect Medi-Cal Dental utilization data by zip code

- Collaborate with individuals and organizations that provide preventive oral health care services in the county to assess:
 - The number of children provided with dental screenings
 - The number of children provided with topical fluoride
 - The number of children provided with dental sealants
 - The number of children, parents, teachers and staff provided with educational sessions
- Disseminate the information to community partners

Data

There currently is no formal surveillance mechanism for all programs that provide services in the county. Development of the spreadsheet is a one-time project. Once developed, the information will be updated annually with data collected from community partners, the State and County Departments/Offices of Education, and the State Department of Health Care Services.

Performance Measures

One spreadsheet/database described above will be developed and updated annually with 100% of the identified agencies reporting requested data. SCOHP staff will disseminate information following the Communication Plan and will track requests for information from the database.

Timeline

The spreadsheet will be developed and data collected by June 30, 2019. The spreadsheet will be updated annually and available for review by June 30 of each year.

Monitoring

Completion of the spreadsheet/database will be tracked quarterly via the Sacramento County Public Health Division dashboard, and bi-annually in progress reports to CDPH.

Community Water Fluoridation

By June 30, 2020, SCOHP will fund and manage a contract for a community water fluoridation feasibility study in a Sacramento County water district.

Beginning July 1, 2019, SCOHP will develop and deliver a community water fluoridation education campaign.

SCOHP staff will develop and deliver two (2) trainings/outreach events to water engineers/community members per fiscal year.

SCOHP staff will develop a media campaign to deliver targeted public service announcements and radio advertisements.

Approximately 65% of Sacramento County has access to fluoridated tap water. A large area in the north section of the county and two smaller areas in the middle of the county are not fluoridated. SCOHP will partner with First 5 Sacramento to investigate the potential for increasing the number of households in Sacramento County with access to fluoridated tap water. County program planning staff will take the lead in researching potential water district partners, making contacts, and facilitating communication between the parties involved. If a successful partnership with a water district is identified, SCOHP's role will be to contract and provide financing for a fluoridation feasibility study. If the project is deemed feasible, First 5 Sacramento will include funding for fluoridation infrastructure in their next strategic plan proposal to be considered by the First 5 commission.

In addition to collaborating to increase the number of households with access to fluoridated tap water, SCOHP staff develop an outreach and education campaign on the benefits of consumption of fluoridated water.

Activities

SCOHP staff will:

- Collaborate with community partners to increase the number of households in Sacramento County with access to fluoridated tap water
- Provide funding and manage the contract for fluoridation feasibility study
- Develop and/or obtain community water fluoridation education and training materials for water engineers/operators and community members
- Provide training sessions for water engineers/operators and community members
- Work with County Communication and Media to develop targeted public service announcements and radio advertisements on the benefits of community water fluoridation

Data

SCOHP's ability to increase the number of households with access to fluoridated drinking water depends on many factors: a successful collaboration with a water district, the feasibility of the project as determined by the feasibility study, First 5 Sacramento's successful inclusion of fluoridation infrastructure into the next strategic plan, and unforeseen complications. Any increase in the number of households with access to fluoridated drinking water beyond the current baseline will be considered a successful

move toward the State’s target of 70%. In addition, there is some movement in Sacramento County to de-fluoridate in districts that currently fluoridate. Education and outreach activities may assist in maintaining current levels, but will be difficult to quantify.

Performance Measures

The fluoridation feasibility study is a one-time project. Performance measures for outreach and education activities include tracking the number of training sessions provided, the number of persons trained, and creating an inventory of materials developed and/or obtained. SCOHP has set a goal of two (2) training and/or outreach sessions per fiscal year. Performance measures for targeted public service announcements and radio advertisements include tracking the number, frequency, and placement of announcements and advertisements. Specific goals for the media campaign are under development.

Timeline

The anticipated timeline for completion of a fluoridation feasibility study is by end of fiscal year 2019-2020. Implementation of outreach and education activities will begin July 1, 2019.

Monitoring

Developments on the feasibility study will be tracked in an ongoing fashion and reported quarterly via the Sacramento County Public Health Division Dashboard and in bi-annual progress reports to CDPH. Performance measures will be tracked in the Sacramento County Public Health Division Dashboard and bi-annual progress reports to CDPH. In addition, successes, barriers and challenges will be identified and shared via the Communication Plan and in bi-annual reports to CDPH.

PRIORITY AREA II: KINDERGARTEN ORAL HEALTH ASSESSMENT

By June 30, 2020, SCOHP will increase the number of school districts that report Kindergarten Oral Health Assessment results into the SCOHR database.
SCOHP staff will identify best practices and barriers to reporting KOHA results into the SCOHR database, develop a toolkit and guidance protocol, and provide training to a minimum of six (6) schools/districts per fiscal year.
SCOHP staff will provide follow-up guidance with the goal of increasing reporting by 20% in 2019-2020 with the ultimate goal of 100% reporting by 2021-2022.

With the adoption of Local Control Funding Formula (LCFF) in 2014, local school districts gained the ability to prioritize spending based on local needs versus the previous system of identified

categorical funding being used for specific purposes. Unfortunately, this resulted in a significant reduction in reporting of Kindergarten Oral Health Assessment (KOHA) results by the fourteen (14) school districts in Sacramento County. In order to better understand the stakeholders and process limitations related to the Kindergarten Oral Health Assessment, SCOHP, with funding from Liberty Dental Plan, hosted a Kindergarten Oral Health Workshop in February, 2019 (Grant Year 2). Researching for and organizing the workshop allowed SCOHP staff to identify gaps in processes currently occurring in the county and to establish collaborative relationships with related stakeholders. SCOHP staff will use this information to develop interventions to increase school district reporting of KOHA results into the System for California Oral Health Reporting (SCOHR). Program activities in this priority area are identified under Goal 2 of *the California Oral Health Plan 2018-2028*.

Activities

SCOHP staff will:

- Identify list of school districts in Sacramento County not reporting into the State database
- Identify barriers and best practices for increasing the number of school districts reporting KOHA results annually
- Develop toolkit and training materials
- Provide KOHA guidance training to school/district stakeholders
- Follow-up training to assess need for technical assistance and/or further guidance

Data

Through 2014, an average of twelve (12) of fourteen (14) school districts reported KOHA results into the SCOHR database. Zero (0) districts reported in 2015 and 2016, and only five (5) districts reported in 2017.

Performance Measures

Performance measures for this priority area include tracking the number of trainings provided, number of persons trained, and creating an inventory of materials developed and/or obtained. SCOHP has set a goal of developing and delivering six (6) training/guidance sessions with the goal of a 20% increase in reporting in 2019-2020 (Grant Year 3) and an ultimate goal of 100% of applicable school districts (those with kindergarten-aged students) reporting into the SCOHR by 2021-2022 (Grant Year 5).

Timeline

Implementation of training/guidance to initial round of schools and districts will begin in the 2019-2020 school year (Grant Year 3). Follow-up and training/guidance to subsequent schools and districts will begin in the 2020-2021 (Grant Year 4) school year.

Monitoring

Program activities will be reported quarterly via the Sacramento County Public Health Division Dashboard and in bi-annual progress reports to CDPH. In addition, successes, barriers and challenge will be identified and shared via the Communication Plan and in bi-annual reports to CDPH.

PRIORITY AREA III: COMMON RISK FACTORS

Beginning July 1, 2019, SCOHP will develop and deliver tobacco-cessation and sugar-sweetened beverage guidance training to dental professionals.

SCOHP staff will provide pre-training assessment, training, and post-training follow-up on a minimum of twelve (12) occasions per fiscal year by June 30, 2020.

SCOHP staff will expand capacity to deliver training by offering continuing education credits, expanding training to non-dental professionals, and offering education via web-based curriculum by June 30, 2022.

Tobacco use and consumption of sugar-sweetened beverages are common risk factors for preventable oral and chronic diseases. SCOHP will develop and deliver evidence-based training and resource materials for oral health professionals to assist clients in making healthy choices. Program activities in this priority area are identified under Goals 1 and 2 of *the California Oral Health Plan 2018-2028*.

Activities

SCOHP staff will:

- Partner with the Tobacco Education Program and Obesity Prevention Program to identify areas of collaboration and message integration
- Create an inventory of tobacco cessation and sugar-sweetened beverage resources
- Conduct a survey of dental professionals to assess readiness to implement tobacco cessation and sugar-sweetened beverage guidance to clients
- Develop and deliver tobacco cessation and sugar-sweetened beverage guidance trainings to dental professionals
- Conduct follow-up communication to determine effectiveness of training
- Expand capacity to provide training by offering continuing education units
- Expand outreach to include non-dental providers including nurses, community service workers, and home visitors

- Expand capacity to deliver training via web-based curriculum

Data

At the time of the Sacramento County Oral Health Needs Assessment there were 1,116 licensed dentists, 838 Registered Dental Hygienists, and 1,917 Registered Dental Assistants for an approximate total of 3,871 licensed dental professionals.

Performance Measures

Short and long-term goals have been set for this priority areas. Short-term activities include partnering with the Tobacco Education Program and Obesity Prevention Program, developing resources and training materials, conducting surveys to assess readiness of dental professionals to provide tobacco cessation and sugar-sweetened beverage guidance to clients, developing and delivering training, and conducting follow-up. Performance measures for short-term activities include tracking the number of trainings provided, the number of professionals trained, the number of dental professionals connected to resources, and creating an inventory of materials developed and/or obtained. SCOHP has set a goal of twelve (12) trainings per year beginning 2019-2020.

Long-term activities include expanding capacity to deliver training by offering continuing education credits, expanding capacity to deliver training to non-dental service providers, and expand capacity to deliver training via web-based curriculum. SCOHP has set a goal of implementing long-term activities in 2021-2022 (Grant Year 5). Once implemented, SCOHP will track performance using the metrics above and will re-evaluate performance measures as related to web-based delivery.

Timeline

Implementation of short-term activities began in early 2019 (Grant Year 2) and will continue through 2020-2021 (Grant Year 4). Implementation of long-term activities is planned for 2021-2022 (Grant Year 5).

Monitoring

Program activities will be reported quarterly via the Sacramento County Public Health Division Dashboard and in bi-annual progress reports to CDPH. In addition, successes, barriers and challenge will be identified and shared via the Communication Plan and in bi-annual reports to CDPH.

PRIORITY AREA IV: ORAL HEALTH LITERACY

Beginning July 1, 2019, SCOHP will collaborate with community partners to deliver oral health literacy training to medical providers and community service workers that provide services to pregnant and perinatal women.

Beginning January 1, 2019, SCOHP will collaborate with the Child Health and Disability Prevention Program to provide oral health education and fluoride varnish training to medical providers.

SCOHP staff will develop and deliver oral health literacy training on a minimum of ten (10) occasions per fiscal year for medical providers and/or community service workers that provide services to pregnant and perinatal women by June 30, 2020.

SCOHP will partner with CHDP to provide a minimum of ten (10) oral health education and fluoride varnish trainings to medical providers per fiscal year beginning January 1, 2019.

For Priority Area IV, SCOHP has identified two objectives for program focus. SCOHP will collaborate with primary care providers, home visiting programs, and other chronic disease prevention programs to implement an evidence-based oral health literacy program intended to serve vulnerable and underserved populations identified in the Sacramento County Oral Health Needs Assessment, specifically: pregnant and perinatal women. In addition, the Program will collaborate with the Child Health and Disability Prevention (CHDP) program to encourage medical providers to perform oral health assessments and fluoride varnish applications at well-child visits. This is a valued added partnership as SCOHP has committed to provide fluoride varnish supplies while CHDP provides staff. Program activities in this priority area are identified under Goals 2 and 3 of *the California Oral Health Plan 2018-2028*.

Activities

SCOHP staff will:

- Identify and implement an evidence-based health literacy campaign
- Identify and recruit key community partners
- Conduct a survey to assess readiness of community partners to implement oral health literacy program
- Develop and/or obtain toolkit and guidance material
- Collaborate with the Child Health and Disability Prevention Program to provide fluoride varnish training to medical providers
- Conduct follow-up activities to determine program effectiveness

Data

Good oral health and control of oral disease protects a women's health and quality of life before and during pregnancy, and has the potential to reduce the transmission of pathogenic bacteria from mothers to their children. According to the Maternal and Infant

Health Assessment (MIHA) Survey of women who had a live birth in 2015-2016, 43.0% reported a dental visit during pregnancy statewide and only 37.1% in Sacramento County. African American and Latina women reported even fewer dental visits: 27.0% and 26.7% respectively.

Performance Measures

Performance measures for oral health literacy activities related to serving pregnant and perinatal women include tracking the number of partners recruited and systems engaged, the number of assessments conducted, the number of trainings provided, and creating an inventory of materials developed and/or obtained. SCOHP has set a goal of developing and delivering ten (10) trainings per year beginning in 2019-2020 (Grant Year 3) and a 5% increase in dental visits during pregnancy according to the MIHA survey by 2021-2022 (Grant Year 5).

Performance measures for the collaborative medical/dental partnership with CDHP include tracking the number of medical professionals trained, the number of trainings provided, conducting follow-up to evaluate effectiveness of program activities, and creating an inventory of materials developed and/or obtained. SCOHP has set a goals of providing ten (10) provider trainings per year beginning in 2018-2019 (Grant Year 2).

Timeline

Implementation of activities in both sub-categories of this priority area began in early 2019 (Grant Year 2) and will continue through 2021-2022 (Grant Year 5).

Monitoring

Program activities will be reported quarterly via the Sacramento County Public Health Division Dashboard and in bi-annual progress reports to CDPH. In addition, successes, barriers and challenges will be identified and shared via the Communication Plan and in bi-annual reports to CDPH.

SUMMARY AND NEXT STEPS

Sacramento County Oral Health Program, through grant funding provided by Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56), has undertaken a comprehensive process for planning and implementing strategies to meet the goals and objectives of the *California Oral Health Plan 2018-2028*. The first year of the five year grant was spent building program capacity, recruiting and convening an oral health advisory committee, conducting a county-wide oral health needs assessment, and developing strategic and evaluation plans for program activities.

Four major oral health priorities areas were identified for program activities:

- Preventive Oral Health Services
 - Surveillance
 - Community Water Fluoridation
- Kindergarten Oral Health Assessment
- Common Risk Factors
 - Tobacco and Oral Health
 - Sugar-Sweetened Beverages and Oral Health
- Oral Health Literacy
 - Pregnant and Perinatal Women
 - CHDP medical providers

SCOHP is finalizing the program planning/early implementation phase and plans full implementation of program projects beginning July, 2019. Next steps include:

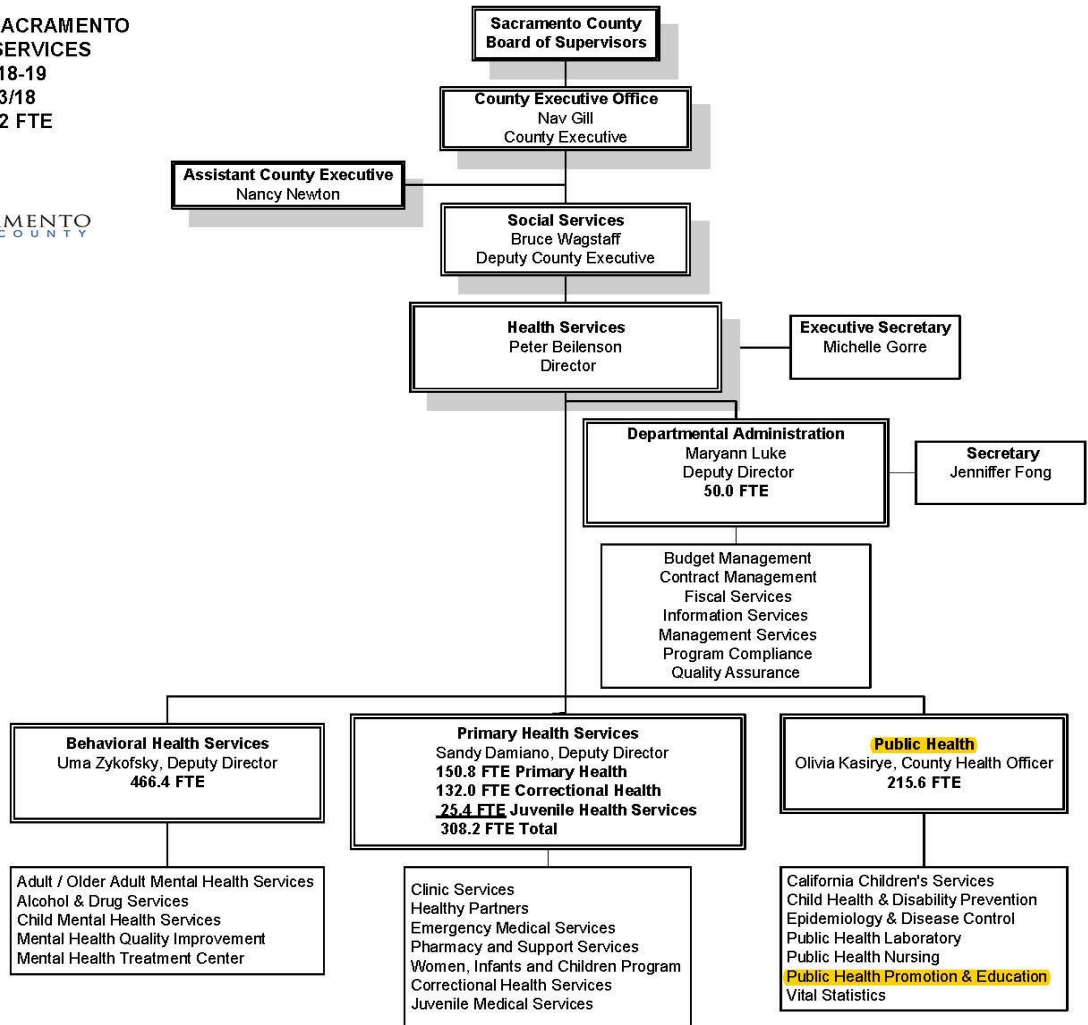
- Full implementation of projects in all identified priority areas
 - Continued identification and collaboration with community partners
 - Creation of resource material inventory
 - Development of toolkits and training
 - Development of tracking mechanisms
 - Provision of outlined activities
- Tracking of performance measures
- Ongoing evaluation and assessment of successes, barriers, and challenges
- Adaptation of project activities as identified
- Communication with community, advisory, and funding partners

SCOHP staff looks forward to implementing projects and working toward achieving the goals of the *California Oral Health Plan 2018-2028*.

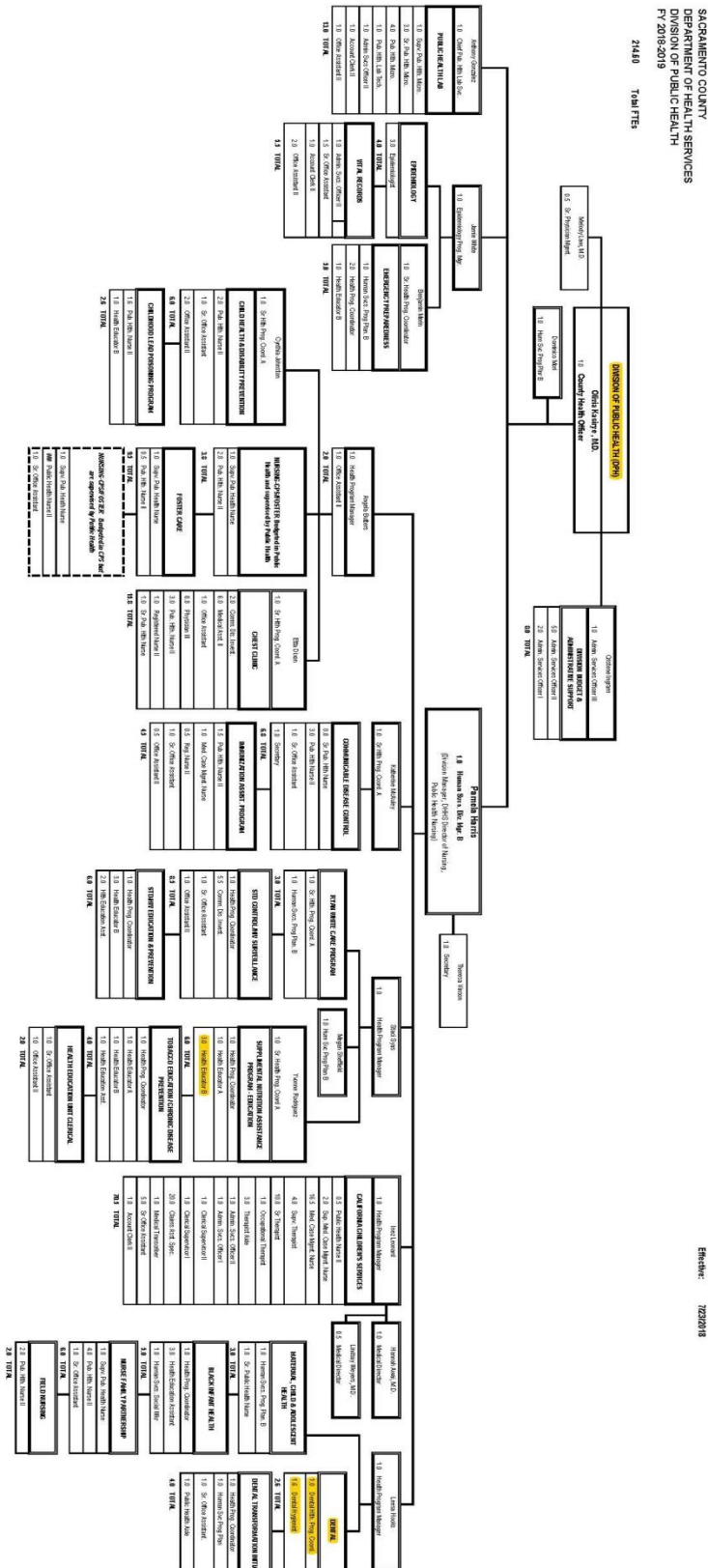
APPENDICES

APPENDIX A: SACRAMENTO COUNTY DHS ORGANIZATIONAL CHART

COUNTY OF SACRAMENTO
HEALTH SERVICES
FY2018-19
10/03/18
1,040.2 FTE



APPENDIX B: SACRAMENTO COUNTY PUBLIC HEALTH ORGANIZATIONAL CHART



APPENDIX C: SACRAMENTO COUNTY ORAL HEALTH PROGRAM STAFFING PATTERN

Oral Health Staff*

Oral Health Staff	Position Title	FTE %
Deborah Blanchard	Dental Hygienist	.60
Cynthia Johnston	Senior Health Program Coordinator	.10
Stacey Kennedy	Human Services Program Planner Range B	.20
Karen Lemieux	Dental Hygienist	1.0
Lyanna Pillazar-Blanco	Health Educator	.50
Jan Resler	Dental Health Program Coordinator	1.0
Kim Upton	Admin Services Officer 2	.20
TBD	Office Assistant Level 2	.20

*Salary and benefit details in budget documentation

APPENDIX D: ADVISORY COMMITTEE MEMBER LIST**Oral Health Advisory Committee***(In alphabetical order by first name)*

Advisory Committee	Affiliation/Organization
Alisha Hightower	Premier Access Insurance Plan
Camille-Johnson Arthur	Sacramento County Public Health Division – Black Infant Health Program
Cathy Levering	Sacramento District Dental Society
Charles Newens, DDS	Private practice
Cynthia Johnston	Sacramento County Public Health Division – CHDP
Danielle Cannarozzi	LIBERTY Dental Plan
David Gordon	Sacramento County Office of Education
Debra Payne	Sacramento County/Medi-Cal Dental Advisory Committee
Gricelda Ocegueda	Sacramento Employment and Training Agency
Jan Carver	California Rural Indian Health Board, Inc.
Julie Beyers	Volunteer
Julie Gallelo	First 5 Sacramento
Katie Conklin	Access Dental Plan
Kate Varanelli	Volunteer
Katie Andrew	Children Now
Kristina Clinton	Sacramento County Public Health - Dental Transformation Initiative
Lisa Greenshields	Sacramento County Youth Detention
Lisa Miller	Celi, Inc., Faith-based organization
Lisa Rufo	Premier Access Dental Plan
Lori Hansen	San Juan Unified School District
Marie Miranda	Carrington College Dental Hygiene Program
Martha Cisneros Campos	Avesis Incorporated
Melissa Fellman	Sacramento City Dental Hygiene Program
Mike Baldwin	Child Abuse Prevention Center
Natalie Woods Andrews, PhD	Sacramento County Office of Education
Olivia Kasirye, MD	Sacramento County Public Health Division – Public Health Officer
Paula Kuhlman	Sacramento City Unified School District
Rachel Shafer	Center For Oral Health
Ranjit Dhaliwal	Sacramento County Public Health Division - Epidemiology
Robert Wassmer	CSUS Public Policy and Administration
Robyn Alongi	Sacramento County Public Health Division – Dental Transformation Initiative
Terrence Jones, DDS	Commissioner, First 5 Sacramento / Chair MCDAC
Yvonne Rodriguez	Sacramento County Public Health Division – Tobacco Education Program

APPENDIX E: ASSET MAPPING PROJECT RESULTS

County Asset-Mapping Oral Health

Priority Areas	Program Name	Description	Contacts
COMMUNITY WATER FLORIDATION:	First 5	Arden Arcade, no Rancho yet, Fruitridge possibly	Julie G., Kris Clinton
	CDA	Collaborating with First 5	
	Golden State Water District (Arden)		
	City of Sacramento, Sac Suburban,		
	Sacramento County Zone 40		Julie Byers
SCHOOL-BASED FLUORIDE PROGRAMS:	Wellspace	Hiram Johnson High School	Denise Silva 916-313-8413
	Center for Oral Health	0-5 Year Olds, 6 School Districts	Rachel Schafer, Danielle
	DTI- VDH	13 schools, Twin Rivers, Prek-2nd	
	GMC's/First 5 school based Fluoride Project	0-5 YO	Julie G. Danielle C.
	Education (CAPC & CHDP)		
	HALO	High School	Miguel Suarez 916-642-1872, J.M.Suarez@sbcglobal.net
SCHOOL-BASED SEALANT PROGRAMS:	DTI- VDH	Twin Rivers	Debra Payne
	Wellspace (not School)		Elizabeth Johnson DDS
	Early Smiles	will begin in 18-19	
TOBACCO CESSATION ACTIVITIES:	County Tobacco Education Unit, Coalition		Megan Sheffield
	Tobacco Education Clearinghouse		
	Sacramento State Oral Cancer Awareness		
	CDA	Materials for dental providers	Gayle Mathe
	CDPH	materials MD's can share with patients	Cynthia
	Wellspace North Highlands	Birth & Beyond	Michelle Alee, mallee@wellspacehealth.org
	Sacramento City College		
	Carrington		
	State Dhyg Assn.		Jenifer McDonald 916-634-4200
RETHINK YOUR DRINK ACTIVITIES:	City Council	Presentation	Steve Hansen
	County Obesity Prevention Program		Neela Satyanarayan
	CDA	Resources for providers	
	CAPC-DTI		
	SDDS		
ORAL HEALTH EDUCATION AND OUTREACH:	CAPC	Foster Youth	Mike Baldwin 916-244-1962
	Carrington		
	BIH, MCAH, NFP, WIC at County		
	Medical Community		
	ACOG- OB Community		
	CDPH	Kids via MD's	
	Liberty Dental	Kids in Schools	Danielle
	Volunteers of America		Janice Montgomery
	Family Resource Centers		
	Birth & Beyond		
	SDDS- Smiles for Kids		
Black Child Legacy -CILs			
IDENTIFIED GAPS	San Juan Water District Not Fluoridated		
	Need Tobacco Oral Health education materials and messaging to provide to patients		
	Need dental champions & SDDS to help with Rethink Your Drink messaging		

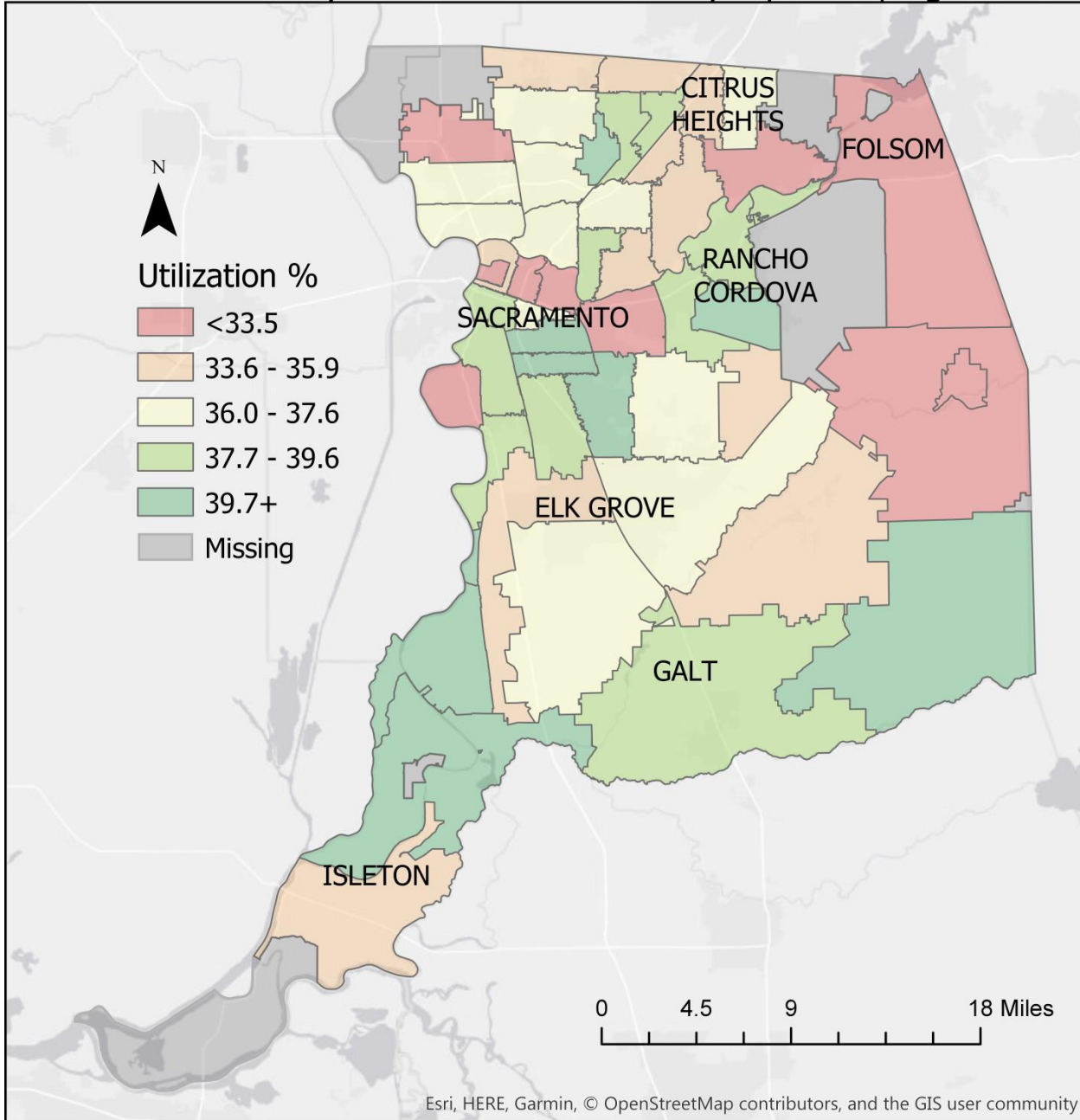
<https://www.voa-ncnn.org/former-foster-youth-program>
<https://www.scoe.net/services/id505/Pages/default.aspx>

APPENDIX F: MEMBER LIST OF WORKGROUP THAT PERFORMED NEEDS ASSESSMENT**Member List of Group that Performed Needs Assessment**

Oral Health Staff & Consultant	Position Title
Barbara Aved Associates	Consultant
Deborah Blanchard	Dental Hygienist
Cynthia Johnston	Senior Health Program Coordinator
Stacey Kennedy	Human Services Program Planner
Karen Lemieux	Dental Hygienist
Lyanna Pillazar-Blanco	Health Educator
Jan Resler	Dental Health Program Coordinator
Key Informants	Affiliation/Organization
Maureen Clark	Community Resource Project WIC Program
EvaMarie DelPuerto & Cynthia Morla	Sacramento Native American Health Center
Anthony Garcia	Child Action
Lisa Greenshields	Sacramento County Youth Detention Facility
Terrence Jones, DDS	First 5 Sacramento Commissioner/MCDAC Chair
Olivia Kasirye, MD & Melody Law, MD	Sacramento County Public Health
Paula Kuhlman	Sacramento County Unified School District
Karen Lemieux	Sacramento County Oral Health Program
Genevieve Levy	Sacramento Food Bank
Bonita Mallory	Twin Rivers School District
Charles Newens, DDS	Private Dental Practice
Jan Resler	Sacramento County Oral Health Program
Robert Silva	Sacramento Employment and Training Agency SETA
Rolande Tellier	UOP Arthur A. Dugoni School of Dentistry
Bianca Yee, DDS	Private Dental Practice
Advisory Group Subcommittee: Needs Assessment Draft Review Team	
Barbara Aved	Consultant
Deborah Blanchard	Dental Hygienist
Cynthia Johnston	Senior Health Program
Terrence Jones, DDS	MCDAC Chair/First 5 Commissioner
Stacey Kennedy	Human Services Program Planner
Cathy Levering	Sacramento District Dental Society
Debra Payne	Dental Transformation Initiative Planner
Lyanna Pillazar-Blanco	Health Educator
Jan Resler	Dental Health Program Coordinator

APPENDIX G: DENTAL UTILIZATION BY ZIP CODE

Sacramento County Denti-Cal Utilization by Zip Code, Ages 0-20



Sacramento County Denti-Cal Utilization by Zip Code, Ages 21+

