2018-2028 California Oral Health Plan

VISION
Healthy Mouths for all Californians

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

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

Goal 1: FOCUS
Improve the oral health of Californians by addressing determinants of health and promote healthy habits and population-based prevention interventions to attain healthier status in communities.

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

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

Goal 2: FOCUS

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

Objectives MEASURE

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

Strategies PROMOTE

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

Goal 3: FOCUS

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

Objectives MEASURE

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

Strategies PROMOTE

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

**Goal 4:**

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

**Objectives**

4.A: Institute a process for developing and implementing a communication plan for the California Oral Health Plan and related reports.

4.B: Increase the coordination, consistency, and reach of oral health messages targeted to different audiences in multiple languages and various formats.

4.C: Increase the number of local (city/county) health departments and FQHCs using social media to promote oral health.

4.D: Increase the proportion of patients who report their dental care teams give them easy to understand instructions about what to do to take care of their oral health and prevent or treat oral diseases.

**Strategies**

4.1: Convene a Communication Workgroup to develop and implement the California Oral Health Communication Plan.

4.2: Gather and market educational materials and approaches to achieve the California Oral Health Communication Plan’s goals and objectives.

4.3: Promote and provide resources on how to use social media to promote oral health and improve the effectiveness of social media outreach.

4.4: Provide training and resources to improve dental teams’ communication with patients about oral health.

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**Surveillance System**

**Goal 5:**

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

**Objectives**

5.A: Develop a five-year surveillance plan consistent with the Council of State and Territorial Epidemiologists definition of a State Oral Health Surveillance System to provide current data on diseases/conditions, risk/protective factors, and use of dental services.

5.B: Gather, analyze, and use data to guide oral health needs assessment, policy development, and assurance functions.

**Strategies**

5.1: Convene a partnership with representatives from key organizations and agencies to advise the CDPH’s Oral Health Program on surveillance plan development and implementation.

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