

California Partnership for Oral Health Plan



Oral health equity and well-being for all Californians.



California Department of
Public Health
OFFICE OF ORAL HEALTH



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Message from the California Dental Director

Over the last five years, California has undertaken several initiatives to improve the oral health of Californians. The California Oral Health Plan 2018-2028 provides a common agenda for achieving a set of objectives. The plan recognizes that the implementation of strategies will require building strong partnerships, coalitions, and collaborations. Only through concerted efforts of the partners will it be possible to promote healthy behaviors, prevent diseases, address unmet oral health needs, and eliminate oral health disparities.

The Centers for Disease Control and Prevention's Division of Oral Health has identified the collective impact approach as a basic strategy for state oral health programs to improve oral health. A successful collective impact initiative possesses five conditions: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and a backbone support organization. The California Healthcare, Research, and Prevention Tobacco Act of 2016 has provided the funding to the Office of Oral Health to create these conditions.

Working with the California Oral Health Plan Advisory Committee, the Office of Oral Health has created this Partnership Plan to enable partners to come together regularly for assessing progress with respect to the implementation of the California Oral Health Plan strategies and objectives. It outlines the vision, mission, guiding principles and key priorities of the partnership. The main structural components of this approach are the steering committee and working groups. We look forward to assisting the steering committee and workgroups in building consensus to move the oral health agenda forward.

Sincerely,



Jayanth Kumar, DDS, MPH
State Dental Director
Office of Oral Health, Center for Healthy Communities
California Department of Public Health

Vision, Mission, and Guiding Principles

Vision:

“Oral health equity and well-being for all Californians.”

Mission:

“The partnership convenes stakeholders to coordinate and facilitate the implementation of the CA Oral Health Plan for improving the oral health of Californians throughout their lifespans.”



Guiding Principles

Work to achieve oral health equity.

Promote oral health literacy and cultural competence humility.

Value diversity and inclusivity as a sign of strength.

Build an environment of trust and open communication.

Strive for consensus and commitment.

Share perspectives and respect others' perspectives.

Actively contribute expertise during discussions and decisions.

Use data-driven objectives.

Generate innovative, forward-thinking, cutting edge strategies.

Create measurable outcomes.

Strive for excellence and continuous quality improvement.

California Partnership for Oral Health Plan

About Us

The California Partnership for Oral Health (Partnership) fosters a dynamic group of individuals and organizations that collectively work together through a public health approach to achieve the mutual goals of promoting oral health and reducing the burden of oral and dental diseases throughout California. The Partnership ensures the implementation and evaluation of the California Oral Health Plan 2018-2028 (Plan). The Plan provides public health guidance to individuals and organizations through ambitious goals, measurable objectives, and specific strategies and activities to improve oral health across the lifespan. The Partnership serves as a communication conduit for stakeholder groups to ensure that strategies are realistic and relevant to the needs and priorities of diverse groups and reflect actions that will achieve high-impact results.

Background

In 2014, the California State Legislature authorized funding for the California Department of Public Health (CDPH) to address the burden of oral disease statewide by establishing the Oral Health Program (OHP), a State Dental Director, and an oral health epidemiologist. The Legislature required that CDPH, under the leadership of the Dental Director, develop a report on the burden of oral disease in California and the subsequent development of a state oral health plan in collaboration with a coalition of stakeholders.

In 2015, CDPH, in collaboration with the California Department of Health Care Services (DHCS) assembled an Advisory Committee (AC) to provide guidance on the development of the oral health program and an oral health plan for California. The AC was composed of a diverse group of stakeholders from State and local government, academic institutions, foundations, professional organizations, and community health champions.

In 2017, the Office of Oral Health published the Status of Oral Health in California: Oral Disease Burden and Prevention 2017. The comprehensive review of oral health and disease in California served as a foundation for the oral health program in the California Department of Public Health. The report provides an overview of California's oral health status and capacity to address disease burden in the state. This report summarized the most recent data available and described oral health status, disparities, risk and protective factors, and dental services in California.

In January 2018, CDPH released the California Oral Health Plan 2018–2028 (Plan). In developing the Plan, the AC drew upon findings of the 2017 burden report and reviewed federal, state, and local studies to identify the major oral health issues. The Plan offers the structure for collective action to assess and monitor oral health status and oral health disparities, prevent oral diseases, increase access to dental services, promote best practices, and advance evidence-based policies. The Plan provides a roadmap for improvements in oral health and achieving oral health equity for all Californians over the course of a ten-year period.

Supporting the California Oral Health Plan

Through the work of the AC, the State of California's oral health efforts underwent a major paradigm shift as the Plan was implemented. Proposition 56 funded Local Oral Health Programs (LOHPs) in 59 Local Health Jurisdictions across California.

The AC continued to play a major role in championing oral health in California by participating in annual stakeholder meetings and workgroups to advance health equity, community water fluoridation, health literacy and communication, participation in Kindergarten Oral Health Assessment screenings, public health surveillance, and other key initiatives.

Transition from the California Oral Health Plan Advisory Committee

In 2020, recognizing the need for a more formalized Partnership for continued implementation of the Plan, the California State Dental Director convened a workgroup to facilitate the transition of the AC into the Partnership for Oral Health. Following a series of three planning workshops, the California Partnership for Oral Health (Partnership) was officially formed in January 2021. The Partnership is committed to continuing the AC's work of supporting the implementation of the Plan and is dedicated to achieving oral health equity and well-being for all Californians. A steering committee will be formed (which will consist of some of the original AC members to provide continuity) and to provide leadership for these efforts.

The goals, objectives, and strategies identified in the Plan will lead to achieving our mission to improve the oral health of all Californians through prevention, education, and organized community efforts based on collaborative and science-based practices that reduce health care system dependence and improve health equity throughout California.

The support and strength of the expanded statewide Partnership and their resources is key to fully implementing the strategies and addressing significant social determinants related to oral health problems. Partners offer recognition, visibility, resources, advocacy and decrease duplication of services. Partners can extend the reach of collaboration by establishing and fostering connections required to implement the Plan. The Partnership will provide guidance and recommend directions for oral health priorities for the state. The Partnership will establish relationships needed to implement the strategies. The broad-based Partnership will develop widespread public support for issues, policy, and action. The Partnership will maximize the power of action and support by mobilizing talents, resources, and influence.

A Shared Understanding of Partnership

There are many distinctions in the concept of a "partner" or a "Partnership." Many public health agencies reserve the term partner for organizations with which they have enacted a contractual or funding arrangement. The California Partnership for Oral Health has developed a shared understanding of a mutually beneficial partnership that is based on shared buy-in, transparent communication, and inclusivity. Guidelines for Collaborative Partnerships established by the

Association of State and Territorial Dental Directors (ASTDD) were influential in helping the California Partnership for Oral Health develop consensus around Partnership's roles and responsibilities.

The Centers for Disease Control and Prevention (CDC) Division of Oral Health provided a definition for a Collaborative Partnership that California Partnership for Oral Health has adopted:

“A Partnership is composed of organizations that share a common focus and combine resources to implement joint activities.” – CDC, Division of Oral Health

In addition to guidelines established by ASTDD and CDC, the Partnership plan has identified the following areas of cooperation under the scope of the California Partnership for Oral Health:

- collaboration to achieve mutually beneficial common goals;
- sharing data, information, and open communication;
- building and maintaining relationships;
- providing access and sharing resources;
- working together with common metrics for success.

Partnership Structure and Operations

Backbone Organization

- Composed of Office of Oral Health staff and leadership.
- Provide administrative support for the Steering Committee and workgroups
- Invite and process new membership applications.
- Ensure diversity and equity in the Partnership.
- Establish regular methods, protocols, and timelines for electronic and face-to-face communication, including a listserv and online data/document sharing site(s).
- Schedule, oversee logistics, facilitate, and create minutes for calls, webinars, and meetings.
- Develop survey and/or other measurement tool(s) to track membership satisfaction and progress made on the California Oral Health Plan.
- Communicate with partners in State Government and other CDPH programs and administration.

Steering Committee

- Composed of key organizations who serve to guide the partnership activities.
- Provide assignments and guidance to workgroups.
- Review input and recommendations from workgroups and respond to questions/concerns.
- Solicit and review updates from the workgroups.
- Identify, recruit, and leverage additional resources to support the Partnership.

- Evaluate Partnership structure, function, and member satisfaction on an annual basis.
- Plan annual Partnership convenings and other special events.
- Issue written reports, briefs, and policy recommendations.

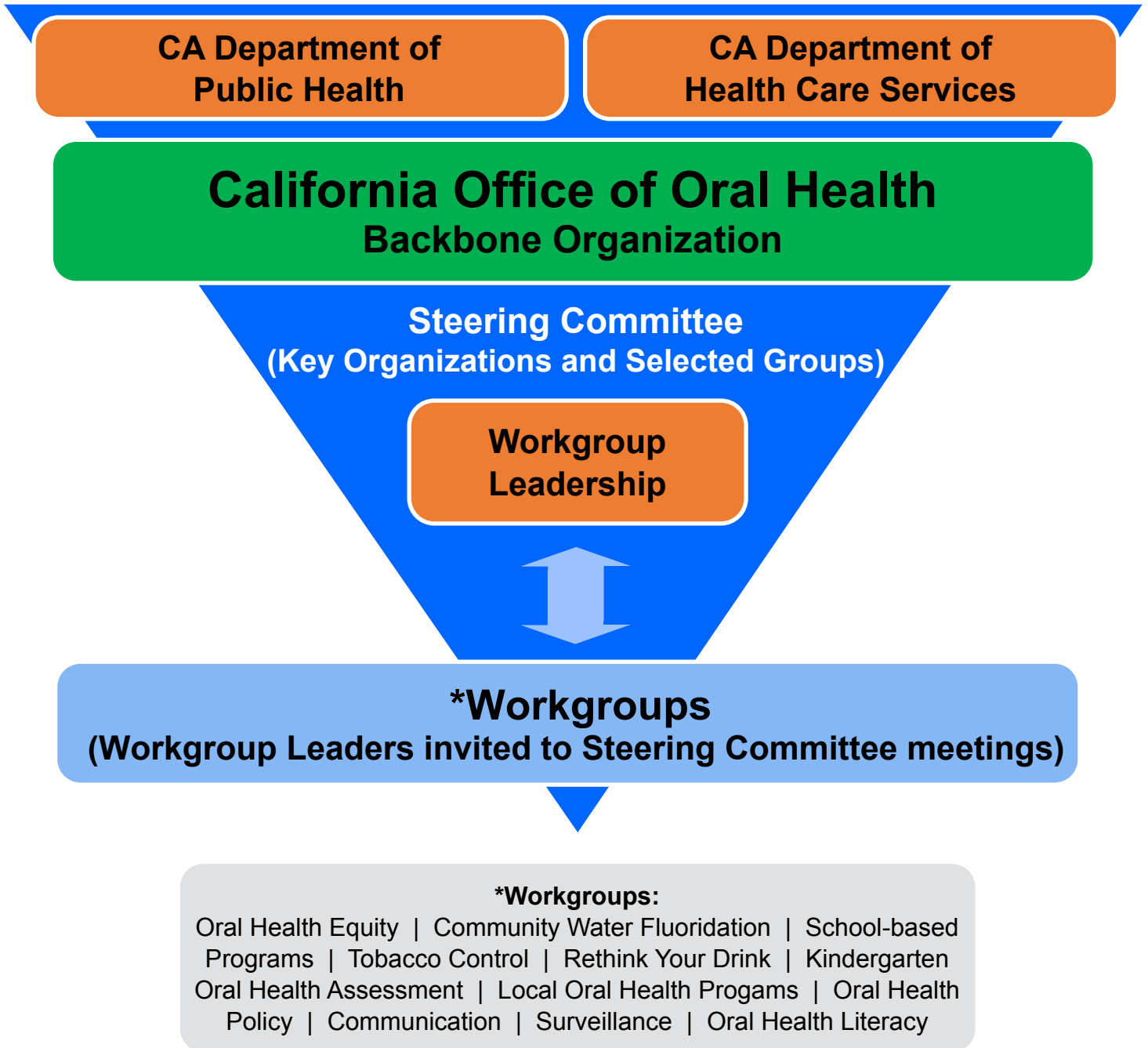
Workgroups

- Develop action plans to increase coordination between state and local activities, and build collective impact toward achieving California Oral Health Plan goals.
- Monitor progress on the strategies and activities in targeted action plans and suggest revisions as needed.
- Identify and address potential and/or real barriers to action plan implementation.
- Serve as a communication conduit for organizations pertinent to achieving workgroup goal.
- Maintain list of workgroup members and solicit new members or ad hoc expertise as needed.
- Request assistance from the Backbone Organization with scheduling, organizing logistics, and creating minutes for workgroup calls, webinars, and/or meetings.
- Advise Steering Committee on the creation of additional workgroups, when needed, to help implement and track progress on the California Oral Health Plan.
- Participate in an annual Partnership evaluation/satisfaction survey.

Members

- Participate in Partnership convenings, workgroups, and webinars.
- Participate in general Partnership communications, including surveys, listserv discussions, calls, webinars
- Select and actively participate in one or more workgroups.
- Serve as a workgroup leader, if interested.
- Communicate to the Steering Committee any limitations, concerns, or potential barriers to participation.
- Champion diversity, inclusivity, and oral health equity.
- Support implementation of the California Oral Health Plan.
- May invite guests as observers and nominate new organizations for Partnership membership.

Figure 1. Partnership Structure



Partnership Focus Areas and Workgroups

The Partnership is dedicated to advocating for a public health approach to California’s oral health needs and issues. [The Ten Essential Functions of Public Health \(EFPH\)](#) provide a framework for “public health to protect and promote the health of all people in all communities”. First released in 1994, the recently revised EFPH (2020) places equity at the center of all public health activities.

Oral Health Equity

“Equity is defined as a fair and just opportunity for all to achieve good health and well-being. This requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. It also requires attention to health inequities, which are differences in population health status and mortality rates that are systemic, patterned, unjust, and actionable, as opposed to random or caused by those who become ill”.¹

Health equity is also defined as “the absence of systematic disparities in health between and within social groups that have different levels of underlying social advantages or disadvantages.”²

Oral health equity is both the Vision and a guiding principle of the Partnership. While oral health equity is one workgroup within the Partnership, all of the workgroups and committees of the Partnership will have a focus on equitable strategies.

Goal 1 of the California Oral Health Plan 2018 -2028 is to improve the oral health of Californians by addressing determinants of health and promote healthy habits and population-based prevention interventions to attain health status in communities. In the spring of 2019, The AC met to focus on key questions related to the social determinants of oral health that contribute to health inequities.

Among the questions considered were:

- What are the most important social determinants related to oral health in the community that can be addressed/modified with the resources that we have in California?
- What changes in the community structure, dental service delivery, or other system or institutions (i.e. language and cultural competency, community/clinical linkages, care management) are needed to improve the priority social determinants related to oral health?
- What approach (consciousness raising, community development, social action, health promotion, media advocacy, policy, system and environmental change -system redesign, policy, regulatory, and payment reform) is most suited for each of the changes?
- What resources are needed to bring about these changes and who can help?
- How can we measure if these changes have occurred and if oral health has improved because of them?

The AC identified several priorities areas for initial focus:

- Assessment- collecting and analyzing data on disparities and inequities, evaluation.
- Community Engagement-including community-clinical linkages such as school based/linked dental sealant programs and utilizing community health workers (CHWs).

¹ The 10 Essential Public Health Functions, <https://phnci.org/uploads/resource-files/EPHS-English.pdf>, The Public Health National Center for Innovation, de Beaumont Foundation, September 2020

² Braveman P, Gruskin S. Defining equity in health. J Epidemiology Community Health 2003;57(4):254-8.

- Oral Health Literacy/Cultural Competency for Providers
- Partnerships-expanded collaborations.
- Programs and Policies – Support LOHP efforts such as Community Water Fluoridation, Kindergarten Oral Health Assessment, and the Children’s Dental Disease Prevention Program with focus on underserved populations; distribution of funds based on Social Determinants of Oral Health indicators, such as percent poverty in community or schools.
- Achieving oral health equity and well-being will require a multi-faceted approach that overlaps with other chronic disease prevention programs and public health arenas, as well as non-health sectors. The Partnership has identified additional focus areas to be addressed.

Communications and Public Awareness

Communications to promote oral disease prevention and increase awareness of the importance of oral health is one of the CDC’s seven basic strategies for collective impact. One action to encourage healthy behavior and address upstream prevention is to broaden partnerships to include stakeholders from multiple sectors.

Understanding the perspectives and leveraging the strengths of diverse groups, and the communities they represent, will help align efforts toward common goals. Listening to community members and sharing their lived experiences can assist with understanding barriers to access (e.g., language and transportation). This information combined with other data can help support needed policy changes to improve oral health outcomes. Data can also garner media attention, providing a vehicle for wider distribution to the public of evidence-based information.

By sharing experiences and resources, the Partnership can create consistent, effective messaging, support local agencies in promoting healthier behaviors, and encourage improvements in oral health.

Medical/Dental Integration

Integration of oral health and primary care practice is a strategy to improve access for early detection and prevention interventions. It can be achieved by expanding the oral health clinical competency of primary care clinicians. Lack of access to basic dental services contributes to oral health disparities in California; vulnerable and underserved populations continue to face persistent, systemic barriers to accessing oral health care. This includes persons or families with low incomes and subgroups based on age, geography, race, ethnicity, sexual orientation, health status, institutional status, immigration status, insurance coverage, and housing status.

In 2011, The Institute of Medicine published two impactful reports: *Improving Access to Oral Health Care for Vulnerable and Underserved Populations* and *Advancing Oral Health in America*.

The reports highlight training for non-dental professionals to conduct oral disease screenings and provide preventive services as a method to improve oral health and oral health care of the underserved. In support of medical/dental integration, HRSA released a white paper, *Integration of Oral Health and Primary Care Practice*. The paper defines five oral health core clinical competencies for primary care providers. Engaging primary care providers in oral health services such as oral health risk assessments, oral evaluations, and administering preventive interventions, such as fluoride varnish applications, for young children greatly reduces the risk of dental decay and the social and overall health problems associated with dental decay. Recently, CDC's Division of Oral Health (DOH) awarded funding to the National Association of Chronic Disease Directors (NACDD) to develop a national framework for medical-dental integration. This framework will outline opportunities to integrate medical and dental services in different healthcare and public health settings to support populations with unmet oral health needs and associated chronic diseases. DOH has pilot tested state-level oral health and other chronic disease program collaborations including screening for hypertension and diabetes in dental settings.

Community-Clinical Linkage

CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) recommends an approach to bring together community, public health and clinical sectors to produce better outcomes for vulnerable population groups. In California, care coordinators, home visitors, community health workers and promotores provide vital services to promote health and well-being, especially in underserved communities. Leveraging electronic platforms and teledentistry to support not only connection between people and clinicians but also services such as transportation and language access has the potential to improve preventive dental services. The Partnership will assess facilitators and barriers to successful implementation, identify promising practices, and explore opportunities for expansion of community-clinical linkage systems.

Surveillance and Evaluation

Measuring outcomes is another guiding principle of the Partnership. Goal 5 of the Plan is to develop and implement a surveillance system to measure key indicators of oral health and identify key performance measures for tracking progress. As part of this effort, OOH developed the Oral Health Surveillance Plan that operationalizes the California Oral Health Surveillance System (CA OHSS). CA OHSS monitors indicators for tracking the burden of oral diseases in California, and other determinants relevant for oral health, such as access to care, dental workforce and infrastructure.

Partnership members and organizations are committed to supporting California's oral health surveillance and evaluation efforts as outlined in the Plan. The Partnership will use data to inform the public, support public policy initiatives, engage the media, and coordinate interventions with stakeholder groups to address health inequities. The OOH plans to publish an updated comprehensive report on the burden of oral diseases. This report promises to play a key role in informing the Partnership's work in the years ahead.

Funding for Oral Health

In November 2016, California voters overwhelmingly approved the California Healthcare, Research, and Prevention Tobacco Act of 2016, Proposition 56 (Prop 56). Prop 56 added a \$2.00 tax to each pack of cigarettes and an equivalent tax on other tobacco products, including electronic smoking devices. This source of revenue has supported California's state-wide oral health efforts including Medi-Cal Dental Program initiatives. While Prop 56 funding has been instrumental in greatly increasing the funding available to the Office of Oral Health and developing LOHPs state-wide, tax revenues have been below their initial projections. Declining tax revenues have also resulted in proportional decreases in Prop 56 funding available for oral health programs. LOHPs may be unaware of opportunities to maximize additional funding streams or federal matching dollars for which they may be eligible.

The Partnership has committed to playing a leading role to identify funding opportunities and facilitate access to additional funding streams.

Next Steps

The Partnership will continue to advance the Plan through an action-oriented approach. The transition into a collaborative Partnership structure will be an ongoing effort throughout 2021, culminating in the first in-person convening of the Partnership when COVID-19 social distancing protocols are relaxed. The Partnership will continue to support implementation of the California Oral Health Plan throughout the remaining duration of its ten-year implementation period and beyond.



**State of California
California Department of Public Health
Office of Oral Health**