



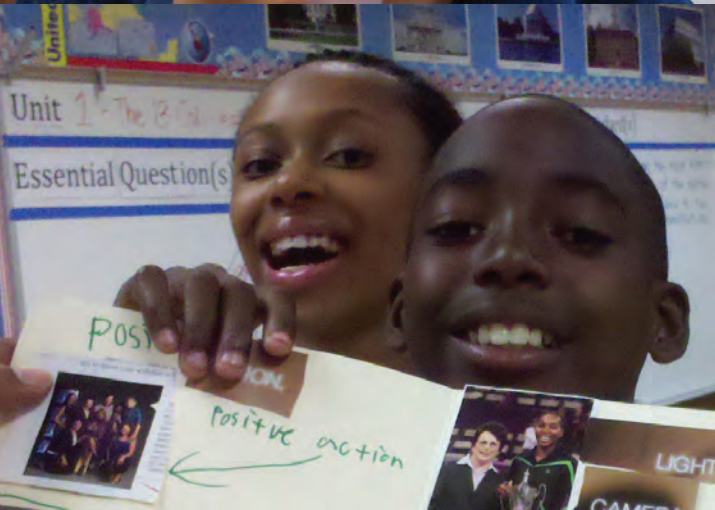
# HEALTHY SMILES FOR HEALTHY FUTURES



## THE ALAMEDA COUNTY STRATEGIC PLAN FOR ORAL HEALTH 2012-2017



COORDINATED BY THE  
OFFICE OF DENTAL HEALTH



November 2011

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## MESSAGE FROM THE DIRECTOR

### ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

Congratulations on the accomplishment of Healthy Smiles for Healthy Futures, the Alameda County Strategic Plan for Oral Health, 2012-2017. This blueprint is consistent with the Agency's vision of social justice and equitable access to health care. Because of the preventable nature of dental disease, the Plan's approach addresses the very real advantage of serving families early in the life cycle to leverage prevention and overcome barriers in access to primary care.

The interface with families in places like WIC and schools with so many children and families that unfortunately suffer the burden of this disease gives us an opportunity to address that problem but also to engage families in the other health and social service needs with which they may present.

The collaborative work with the School Health Services Coalition and Nutrition Services is a wonderful example of convergence in action and is critical to our work to actualize full service community schools.

I am delighted to see your key strategy emphasizing Workforce Development as not only a means to diversify our health care providers but also as a pragmatic strategy to developing education and employment pathways for students and families in our communities.

We know these are not short term solutions, yet they are critical to truly effecting overall health and well being of our residents. We are committed to this work together and to addressing health inequities. I am encouraged by the spirit of the Plan and look forward to working toward its realization.



Alex Briscoe

## MESSAGE FROM THE DIRECTOR

### ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT

*Healthy Teeth for Healthy Futures* is a blueprint for community action in response to the unacceptable level of dental disease experienced by our young children and youth. While dental disease is epidemic, we know that it is highly preventable when effective individual, professional and community wide policies and programs are implemented to address the disease before it takes its toll in both human suffering and in economic terms.

To achieve health equity, the Plan calls for “all children, youth and pre-natal women and teens in Alameda County having access to appropriate, high quality oral health services.” That goal is entirely consistent with the Mission of the Public Health Department.

I am particularly encouraged by this Plan because it embraces the “life course” trajectory by going upstream to improve the oral health of with pregnant women and reduce the risk of dental diseases in newborns. We can accomplish this by working with pre-school age children in partnership with WIC, Head Start and medical providers, as well as engaging in real partnerships with schools to provide needed services and education.

Beyond the emphasis on prevention and overcoming access barriers one major strategy of the Plan addresses “workforce development.” I am very excited about this agenda as we in the Department recognize the extraordinary value of developing a culturally competent, diverse work force. Moreover this Plan expands that vision to realize the socio-ecologic model of health in fostering a developing workforce with educational and employment pathways for students and residents in the very communities we serve.

Congratulations and thank you to the health professionals, advocates, parents and organizations who toiled to create this blueprint. Thanks also to the Public Health Commission which has embraced its role in providing advocacy, coordination and oversight of this important venture.

I am confident that the same vision and dedication that created this Plan will bring us closer to health equity for all of our residents.



Anita Siegel

## INTRODUCTION

Ask anyone what the most common childhood disease in the US is and the likely answer you will get will be: asthma, hay fever, or even the common cold. Those answers are wrong. Despite great progress in the prevention and treatment of childhood disease in the United States, tooth decay remains the most common disease among our children. Worse, low-income families and those with educational, cultural, or language barriers are the ones with the most disease and the least access to care. While a number of new ways to prevent tooth decay have been proposed, most have lacked the resources — people and funding — to sustain them.

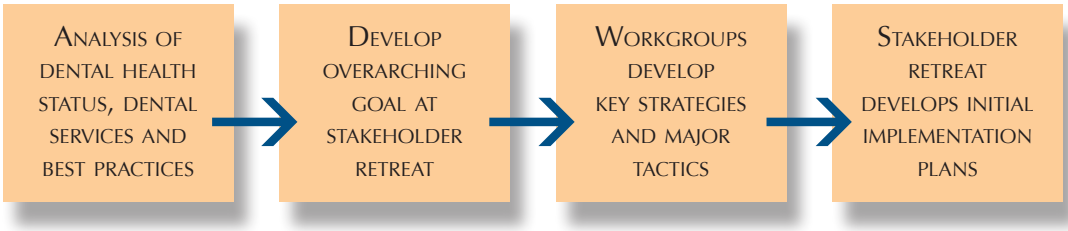
Enactment of the Affordable Care Act will result in an increase in the number of children and youth with dental insurance by 2014. This means that more dental providers will be needed to care for these additional children, when already there are too few to serve even those with the greatest need. Clearly, we must use effective preventive measures to reduce the impact of disease, reduce barriers to care and increase our ability to serve currently underserved groups.



Growing recognition of schools as places where children have the greatest access to health services has led to a need for a County-wide approach to both the prevention and treatment of dental disease. With the support of Alameda County School Health Services, the Office of Dental Health brought together more than 60 participants including parents, policy makers, medical, dental, public health and nutrition professionals, representatives from community agencies, health centers, schools and non-profit organizations who worked for more than six months to craft a 5-year strategic plan to improve the dental health of children and youth in Alameda County.

The Plan addresses both the prevention and treatment of dental disease and establishes a road map to achieve its goal. Implementation steps and measurable outcomes are contained in a separate implementation plan that will guide the Oversight Committee and workgroups as they move forward with the Plan.

### STRATEGIC PLANNING PROCESS



Dental disease — primarily tooth decay — in children and youth occurs at very high levels in Alameda County, much higher than those established in the Healthy People 2020 Objectives for the Nation. This disease is largely preventable when health promoting education and prevention strategies are initiated early and professional dental care is available. To address the problems of widespread dental disease and poor access to dental care, the Alameda County Strategic Plan for Oral Health 2012-2017 adopted the overall goal:

**To achieve health equity, all children, youth, prenatal women and teens will have access to appropriate, high quality oral health services.**

To achieve this goal, five key strategies were adopted. Each strategy also defines a set of approaches or “tactics” that describe action steps needed to implement the strategy. The key strategies include:

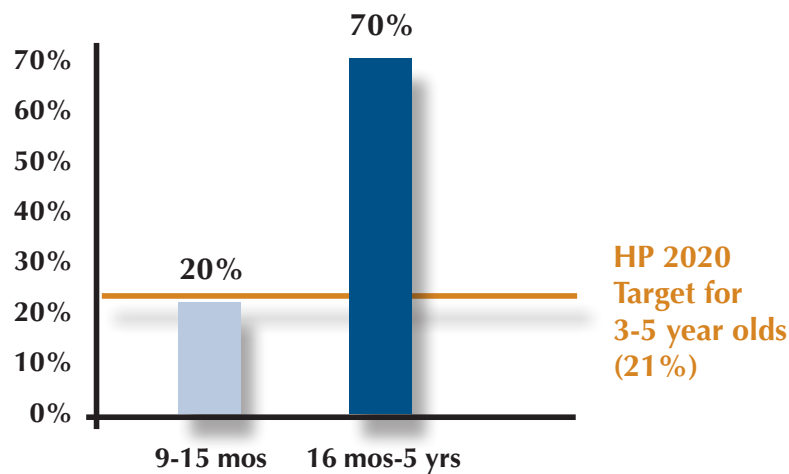
- 1) **access** to increase availability and utilization of oral health services and education in places easily reached by children, youth and pre-natal women;
- 2) **education** to provide the basic information, “know-how” and skills for self care made widely available throughout the community;
- 3) **workforce development** to increase the number of dental health care educators and providers serving underserved communities who are of the same or similar background as those who live there;
- 4) **coordination and oversight** to advocate and assure support for the goals of the Plan; and
- 5) **evaluation** to establish the measures and resources to evaluate progress toward the accomplishment of the objectives set forth in the Plan.

## ANALYZING OUR DENTAL HEALTH STATUS, DENTAL SERVICES, AND BEST PRACTICES

Alameda County is one of the most culturally, ethnically, socio-economically, and racially diverse counties in California. This diversity causes some of the inequalities in access to care and in health faced by those who are separated by lack of financial resources, language and cultural differences, lack of education and inadequate or no health/dental insurance. The impact that inequalities in dental health and access to care have on our residents ranges from slowing an infant or toddler's normal ability to grow, to difficulty learning to speak or even to chew food to serious tooth infections and tooth loss. There are also challenges to self esteem and attending and succeeding in school, let alone graduating and being prepared to be part of the workforce.

### DENTAL HEALTH STATUS

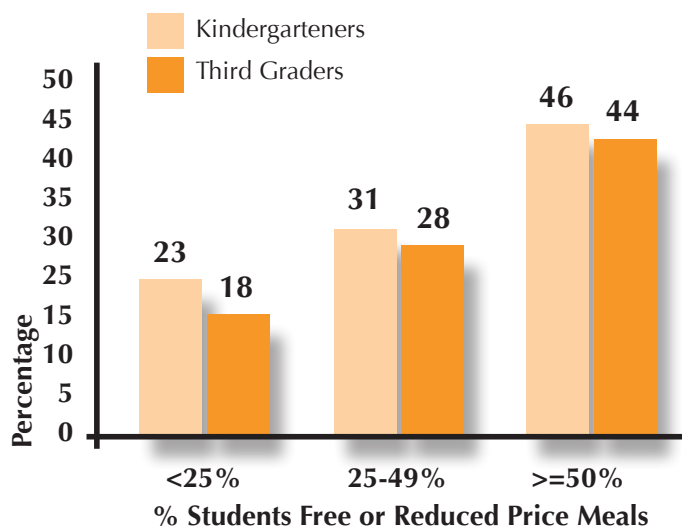
**Percentage of Children at WIC with Dental Decay Infection  
Compared to Healthy People 2020 Target, 2009-2010 (Figure 1)**



- ◆ As early as 9-15 months of age, 20% of children at WIC had evidence of early childhood dental decay; that percentage rises to 70% for those age 16 months to 5 years. (Figure 1)
- ◆ Children from low-income families suffer twice as much untreated decay as children from higher-income families. (Figure 2)
- ◆ Children in our county have twice the level of urgent dental care needs as comparable children surveyed statewide.
- ◆ 52% of pregnant women in California reported dental problems during pregnancy; of those, 62% did not get care and the most frequently cited reason was lack of perceived need by patient or provider. Studies have shown that dental decay infection in pregnant women raises the risk of dental decay infection in their children.



**Percentage of School Children with Untreated Decay  
by School Poverty Status, Alameda County, 2002-2004** (Figure 2)



Clients in focus groups and those receiving case management have reported many barriers to accessing care including distance, fear, and difficulties finding a dentist to accept their insurance coverage.

## DENTAL SERVICES

The dental provider network throughout the County is enhanced by community or County operated clinics. However, clinics that offer dental treatment are clustered in the northern half of the County. One measure of care in the private sector for those covered by public insurance (Medi-Cal) is the ratio of dentists accepting Medi-Cal beneficiaries to the number enrolled. This ratio varies widely across the County and highlights the limit in availability of dental care. For example in “North County” the ratio is 1 dentist accepting Medi-Cal enrollees to 407 enrollees and in the Eden area (South County) it is 1 dentist accepting Medi-Cal to 998 enrollees. A typical dental practice can serve roughly 2,000 active patients. Given Medi-Cal’s low reimbursement rates, most practices with 25-50% of their patients on Medi-Cal would not be financially sustainable.

The policy environment at the State and federal level has both good and bad news. The State has put a hold on its 30-year-old preventive dental program in schools and most Medi-Cal adult dental care is no longer available.

Although no appropriations have been made for most of these as yet, the federal government has workforce innovation, expanded coverage, prevention programs, school-based health centers and expansion of clinics in the healthcare reform pipeline. While the State has promoted dental health awareness through the enactment of Assembly



Bill 1433 (the “kindergarten oral health assessment”), dedicated funding for this program has been eliminated. Fluoride varnish applications by medical as well as dental providers have been a reimbursable Medi-Cal benefit for several years.

New trends in dental care show that

- ◆ **Both dentists and physician groups continue to promote a dental home by age 1;**
- ◆ **More dentists are learning to be at ease when treating young children, and vice versa;**
- ◆ **Entrepreneurs are getting involved in providing dental care in schools; and**
- ◆ **The dental professions are talking about a new team member to help improve access to dental care.**

## BEST PRACTICES

Best practices in the delivery of care are showing some new promise. For example, the risk of preventable early childhood dental decay in infants and toddlers can be addressed by reducing the level of dental disease in pregnant moms. Having a clear pathway to dental care encouraged by OB GYNs, pediatricians and others can reduce the risk of spreading the disease to newborns so that they will have less dental disease. Dental services at WIC are well accepted by clients and embraced by staff and can overcome the barriers of lack of information, fear, distance and income. We believe that dental services at WIC, starting as early as 6 months of age, have a strong impact on preventing dental disease in children.

We also know that students and parents welcome a broad range of services at school, where information can be added to what is taught in the classroom. This focus on prevention could limit time away from school for treatment, minimize barriers to care and improve oral health. We also know that case managers are effective in helping families to obtain care and insurance coverage, especially when the case managers reflect the communities that are being served. Moreover, we have training programs in Alameda County for community health workers (sometimes known as promotoras) that can serve as a model for developing community-based and culturally competent providers.



This Strategic Plan is built on an understanding of both the challenges to adequate prevention and dental treatment, as well as the best practices and innovative advances in dentistry. Implementing the Plan will enable Alameda County to be poised to address and take advantage of opportunities in the changing policy and funding landscape on the state and national levels.



# OVERARCHING GOAL

To achieve health equity, all children, youth and pre-natal women and teens in Alameda County have access to appropriate, high quality oral health services.



## GUIDING PRINCIPLES

1. Every child has the right to a dental home that is family centered, easily accessible, comprehensive, continuous, community oriented, of high quality, culturally and developmentally appropriate.
2. Prevention (as far “upstream” as possible as with prenatal oral care) should take precedence over cure yet urgent needs should be addressed.
3. Oral assessment, preventive services and treatment should begin by the first birthday.
4. Oral health is integral to overall health.
5. Oral health services should be evidence-based, reflect best practices and include education, nutritional counseling, assessment as well as treatment and be available where people can easily access them such as at WIC or schools.
6. Oral health education should be a required part of public school education.
7. Local solutions should be reflective of the communities they are intended to serve.
8. Dental health care providers should be representative of the diversity of the communities they serve.
9. Outreach and case management are integral to enabling families to access and enjoy dental health care and the health care system.
10. Oral health surveillance and dissemination of findings are essential to achieving the goals of the strategic plan.
11. All programs should be regularly evaluated.

## FIVE-YEAR MEASURABLE OBJECTIVES

1. The proportion of children and youth (ages 1-15 yrs) experiencing dental decay (with cavities in their primary or permanent teeth) is reduced by 10%.
2. The proportion of children and youth (ages 1-15 yrs) with untreated dental decay in their or primary or permanent teeth is reduced by 10%.
3. The proportion of children and youth (ages 1-15 yrs) who have had a dental visit in the past year increases by 10%.

# STRATEGIES TO ACHIEVE OBJECTIVES

## 1. ACCESS

Increase the availability and utilization of oral health services and education programs in locations frequented by pregnant women, children, teens and their caretakers, such as schools, WIC, Head Start, primary care providers' offices, and other locations.

## 2. EDUCATION

Educate children, teens, caregivers, and pre-natal women about the importance and "how-to's" of establishing and maintaining good oral health through schools, healthcare, childcare and social service providers as well as through a broader social marketing campaign.

## 3. WORKFORCE DEVELOPMENT


Increase the number of oral health care educators and providers practicing in underserved communities who are indigenous to and/or representative of these communities. Increase the number and cultural competency of other oral health providers who serve young children, pregnant women and teens living in underserved communities.

## 4. COORDINATION AND OVERSIGHT

Provide coordination and oversight of dental care programs to underserved populations throughout the County, and advocate for policies that support the goals of this plan.

## 5. EVALUATION

Establish a mechanism for regularly evaluating the progress of the Strategic Plan in accomplishing its objectives.



The emphasis of this Plan is for those who have the greatest need and least capacity to access dental services to achieve health equity.

Strategy 1:

# ACCESS

Increase the availability and utilization of oral health services and education programs in locations frequented by pregnant women, children, teens and their caretakers, such as schools, WIC, Head Start, primary care providers' offices, and other locations.



## Rationale:

Reducing the risk of dental decay before it begins or in its early stages assures that this highly preventable disease can be controlled before the onset of costly damage in both human and economic terms. Partnering with institutions, professionals and organizations to locate services and education about dental disease and prevention at places where children and their caregivers are located helps reduce many of the barriers to dental prevention and treatment. Reducing these barriers allows us to better provide critical services.

STR



## Tactic:

- 1 | Establish comprehensive oral health services programs for school age children in two school districts. Integrate oral health curriculum into their health/science curricula.
- 2 | Establish dental care services for children ages 0-5 years and/or collaborate with nearby dental clinics in 6 WIC sites, and 5 Head Start and Early Head Start agencies.
- 3 | Develop a demonstration program to encourage pregnant women and teens to utilize dental services, in collaboration with WIC, Head Start and Early Head Start, ODH, community clinics, and community based organization as part of regular pre-natal check-ups.
- 4 | Integrate dental assessment, prevention and education into pediatric periodicity exams by providing trainings for pediatric providers.
- 5 | Establish dental care services at all Federally Qualified Health Centers.

Strategy 2:

# EDUCATION

Educate children, teens, caregivers, and pre-natal women about the importance and “how-to’s” of establishing and maintaining good oral health through schools, healthcare, child care and social service providers as well as through a broader social marketing campaign.



## Rationale:

Providing caregivers with the simple tools and information needed to reduce the risk of this preventable disease can be done through a systematic educational campaign. A social marketing campaign will draw on parents’ desires for their children to be healthy. It will also enable self care that children develop as they grow more responsible. Working with agencies and professionals trusted by caregivers will broaden the reach and increase the success of education efforts.

STRA





## Tactic:

- 1 | Provide an annual Child Health and Disability Prevention Program training for social service providers, and disseminate educational materials re: oral health and resources available, at all social service offices.
- 2 | Deliver five trainings/year to childcare providers regarding importance of dental assessment and care, and home care, through First 5, 4 C's, and others serving children 0-5 years of age.
- 3 | Develop a broad social marketing campaign focusing on "getting your child to a dentist by age 1" using "soda-free summer" as a prototype.
- 4 | Research educational materials that are given to parents of newborns and if feasible, include dental as part of the education packet of four hospitals serving underserved populations.
- 5 | Educate principals, superintendents and school board members about the importance of dental health within the broader health and wellness context for school age children and youth.
- 6 | Include dental health in teen health education, including embedding it into adolescent health conferences and curricula.

Strategy 3:

# WORKFORCE DEVELOPMENT

Increase the number of oral health care educators and providers practicing in underserved communities who live in and/or who are representative of these communities. Increase the number and cultural competency of other oral health providers who serve young children, pregnant women and teens living in underserved communities.



## Rationale:

More often than not, educators and service providers are more likely to be accepted by the populations they serve when they share the same culture, language and ethnicity. Fear of dental treatment can be overcome, and people will begin to trust the health information and services. In keeping with the Public Health Department's strategic plan, workforce development is a vital part of building a healthy community. This strategy not only creates real educational and employment opportunities for underserved children and families, it also adds to the possibility that the beneficiaries will continue to serve the community from which they have come.

# STRAT



## Tactic:

- 1 | Establish a high school to career program in the dental profession building on the Public Health Department's workforce development program, Alameda County Medical Center's Career Institute and community college tracks.
- 2 | Establish a training program for community health workers indigenous to underserved communities for both paid and unpaid positions, to provide preventive dental services, oral health education, and training for residents.
- 3 | Focus on training of dental professionals (e.g., dentists, dental hygienists, dental assistants, and office staff) at community clinics to increase cultural competency and better serve pre-natal women and teens, and young children including the overcoming of population-specific barriers to care.

# STRATEGY THREE

Strategy 4:

# COORDINATION AND OVERSIGHT

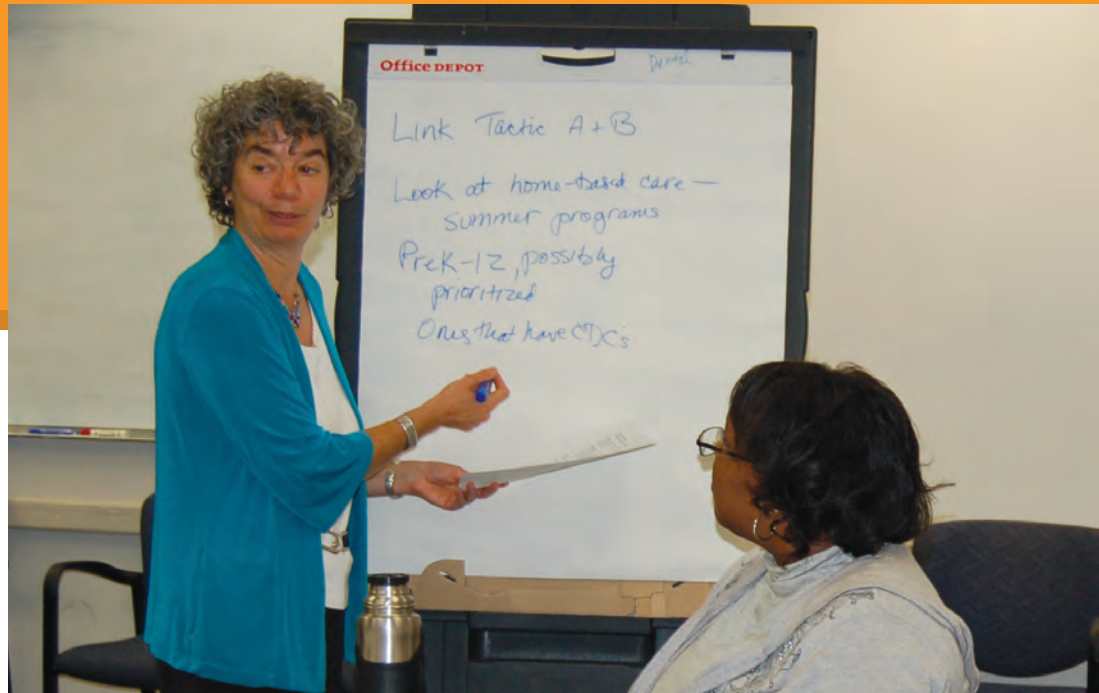
Provide coordination and oversight of dental care programs to underserved populations throughout the County, and advocate for policies that support the goals of this plan.



## Rationale:

In order to make sure that the work of the Plan is carried out, it must become a part of the agenda of the Public Health Commission . Having workgroups for each strategy and tactics to achieve them will help to insure promotion, coordination and development of resources Countywide.

# STRAT



## Tactic:

- 1 | A. Establish a committee of the Public Health Commission to provide oversight of the implementation, prioritization and quality assurance of the Strategic Plan; advocate for policies that promote dental health; facilitate collaboration, coordination, communication and learning among stakeholders; develop, coordinate and direct resources.  
B. Develop workgroups to accomplish these tasks and encourage broad participation among a diverse group of stakeholders throughout the County in the work of the Committee.
- 2 | Participate in advocacy efforts that support the goals of this plan, including:
  - Medi-Cal: broadened scope for pregnant women; dental coverage for adults; increased reimbursement rate for dental services;
  - Federally Qualified Health Center (FQHC) clinics: revise State policy to allow FQHC services beyond the “four walls” to community sites and through contracting; secure additional coverage for sedation services.

Strategy 5:

# EVALUATION

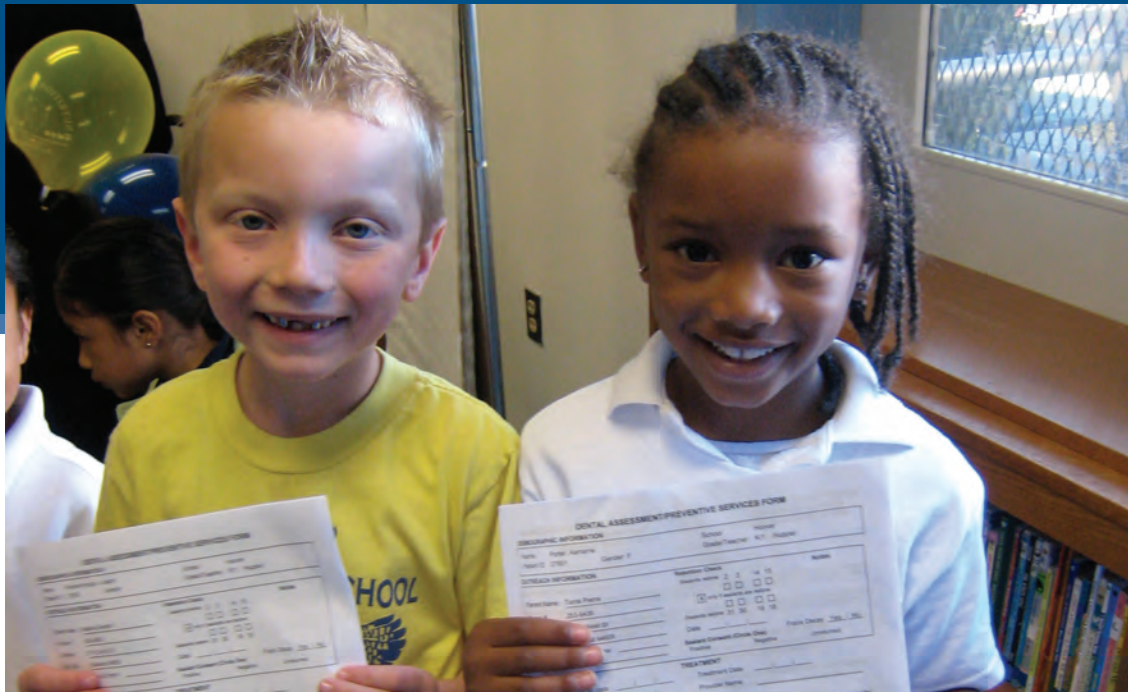
Establish a mechanism for regularly evaluating the progress of the Strategic Plan in accomplishing its objectives.



## Rationale:

The Plan was created in response to the most recent data that showed the shocking dental health conditions in children in Alameda County. Overcoming these disparities in dental health requires the establishment of generally accepted measures, creating the resources to collect data to monitor the achievements and report on progress. The regular monitoring and reporting of such information is critical to stakeholders, policy makers and program planners in advancing the overall goal of achieving health equity for pregnant women, children and youth across the County.

STRA



## Tactic:

- 1 | Establish a Data and Surveillance Subcommittee of the Public Health Commission's Oral Health Program Oversight Committee comprised of selected members of the Oversight Committee, an epidemiologist from the Public Health Department and members external to Alameda County with expertise in oral epidemiology, biostatistics and program evaluation.
- 2 | Review the objectives, outcomes and data and surveillance measures proposed in the Strategic Plan and prioritize the outcomes and measures based on the feasibility of being able to implement and measure them and their relative importance to achieving the objectives of the Plan.
- 3 | Propose additional or revised outcomes and data and surveillance measures, and methods for achieving/obtaining them, as needed to measure the achievements of the objectives established in the Strategic Plan.
- 4 | Coordinate efforts to identify and obtain the resources needed to collect and analyze data to measure the achievements of the objectives established in the Strategic Plan.

# STRATEGY FIVE

## GLOSSARY OF TERMS

- ◆ **Affordable Care Act** - This is a federal law that will likely increase access to health care coverage by 2014, thus increase the demand for dental health care services.  
[www.healthcare.gov/law/index.html](http://www.healthcare.gov/law/index.html)
- ◆ **Federally Qualified Health Centers** or “FQHC’s”- are type of health center provider defined by the Medicare and Medicaid statutes receiving grants under Section 330 of the Public Health Service Act which receive enhanced Medicaid and Medicare reimbursements.  
[www.raconline.org/info\\_guides/clinics/fqhcfqa.php#whatis](http://www.raconline.org/info_guides/clinics/fqhcfqa.php#whatis)
- ◆ **Head Start** - a national program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families.  
[www.acf.hhs.gov/programs/ohs/](http://www.acf.hhs.gov/programs/ohs/)
- ◆ **HP 2020** or **Healthy People 2020** - is a comprehensive document of national health-related goals and objectives, published every 10 years by the U.S. Department of Health and Human Services that identify national health targets for that decade, encourage collaborations across sectors, measure the impact of prevention activity, and guide individuals toward making informed health decisions. Oral health is included in these goals and objectives.  
[www.healthypeople.gov/2020/topicsobjectives2020/](http://www.healthypeople.gov/2020/topicsobjectives2020/)
- ◆ **Office of Dental Health (ODH)** is that unit of the Public Health Department, that promotes the oral (dental) health of Alameda County residents by assessment of oral health problems and resources to address them. This unit assures access to community-based resources and programs, and develops policies that address the oral health needs of the community.  
[www.acphd.org/dental-administration.aspx](http://www.acphd.org/dental-administration.aspx)
- ◆ **OB GYN’s** - In the context of the Plan, these are physician specialists who care for women during their pregnancy and thus have an opportunity to encourage access to dental care.
- ◆ **WIC - The Special Supplemental Nutrition Program for Women, Infants, and Children** - better known as the WIC Program - serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care; 50-60% of newborns in California are eligible for this program. The ODH has partnered with WIC to provide on site dental services.  
[www.fns.usda.gov/wic/aboutwic/](http://www.fns.usda.gov/wic/aboutwic/)

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