

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

San Diego County
Community Oral Health
Improvement Plan,
2018 - 2022

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Acknowledgements

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We are grateful for input from the County of San Diego Health and Human Services Agency, San Diego County Oral Health Action Planning Workgroup, San Diego County Oral Health Advisory Board, San Diego County Oral Health Coalition members, the San Diego County Dental Society, the San Diego Chapter of the American Academy of Pediatricians, Rady Children's Hospital, and the Share the Care/Dental Health Initiative.

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Live Well San Diego

Live Well San Diego is a regional vision adopted by the San Diego County Board of Supervisors in 2010 that aligns the efforts of County government, community partners, and individuals to help all San Diego County residents be healthy, safe, and thriving. The vision includes three components: Building Better Health, adopted on July 13, 2010, focuses on improving the health of residents and supporting healthy choices; Living Safely, adopted on October 9, 2012, focuses on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities; and, Thriving, adopted on October 21, 2014, focuses on cultivating opportunities for all people to grow, connect, and enjoy the highest quality of life.

Executive Summary

Introduction

Oral health is integral to overall health and well-being across the entire lifespan and is a high priority for San Diego County. Using Proposition 56 funds granted from the State of California Oral Health program, the County of San Diego Health and Human Services Agency (HHS) Maternal, Child, and Family Health Services, Local Oral Health Program (LOHP) strives to improve the oral health of San Diego residents through the development and implementation of a five-year (2018 – 2022) Community Oral Health Improvement Plan (COHIP).

Methodology

The COHIP (including Vision, Goals, Objectives, Strategies, and Action Plan) was developed based on the results of four targeted needs assessments and scan of available existing oral health data with significant input from the San Diego County Oral Health Action Plan Workgroup, San Diego County Oral Health Advisory Board, San Diego County Oral Health Coalition members, San Diego County Dental Society, San Diego Chapter of the American Academy of Pediatricians, Rady Children’s Hospital, and the Dental Health Initiative: Share the Care.

Key Findings from the Needs Assessments

San Diego County-level oral health data is mostly from self-reported measures, some of which are outdated and not representative for the whole county. Historically, local programs focused on dental services for pregnant women and children 0-5 years of age, and there is more data available for children from those current existing programs. Overall, there is limited clinical data available for adults, racial/ethnic minorities, new immigrants, and refugees in the public domain.

The coalition is an important consistent resource that plays an important convening role amongst stakeholders at the standing meetings. Assessment respondents felt that SDCOHC could improve communication, structure, outreach and engagement, and participation to support developing and executing more actionable plans. Members felt that SDCOHC could exert more influence to drive oral health improvement. There was also a desire for more provider assistance and projects that focus on existing policy enforcement, public awareness, underserved populations, and the uninsured.

Oral health providers identified financial barriers to care and the need for more outreach and education when asked about unmet oral health needs in San Diego County. Pediatric providers identified the lack of insurance coverage, parental commitment, providers, and coordination as obstacles to making referrals for oral health.

Identified unmet oral health needs in San Diego County included general access to care, particularly for special populations, affordability of care, cultural competency of care, patient/client dental knowledge, a lack of providers that accept the Medi-Cal Dental Program, access to specialty services such as orthodontics, periodontics, endodontics, and a lack of focus on preventive care. Identified existing assets included the SDCOHC, LOHP funding, DHI/STC, OHI, FQHCs, free and reduced-cost dental services for qualifying populations, and collaborative educational and preventive services.

COHIP Goals and Objectives

San Diego County is unique and diverse. It is the second largest county in California, and home to over 3 million people of various races, ethnicities, socioeconomic statuses, and backgrounds. As such, population groups of particular interest to improving countywide oral health include:

- Infants (0-1)
- Toddlers (2-3)
- Youth (4-17)
- Adults (18-64)
- Seniors (65+)
- Pregnant women
- Individuals with low socioeconomic status (SES)
- Veterans
- Homeless
- Individuals with special needs
- Racial/ethnic minorities
- New immigrants and refugees

Identified objectives under each goal pertain to LOHP-funded activities focused on children and families. Additional strategies outside the scope of LOHP funding to reach other vulnerable and underserved populations across the lifespan will be explored through community partnerships and other funding opportunities. Many organizations, agencies, and collaboratives are currently working on various oral health improvement projects countywide. In addition to new initiatives, San Diego County will build upon and connect existing community activities and assets to achieve its vision of optimal oral health for all San Diego County communities, with an emphasis on the underserved, and promoting preventive services for all.

Goal 1: Educate communities on the following: the importance of oral health, proper oral hygiene, access to dental care, oral disease prevention, and the connection between oral health and general health.

Objective 1.1 By June 30, 2022, work with 10% of school districts to increase knowledge and awareness of general oral health messages, dental sealants, fluoride varnish, and tobacco cessation.

Objective 1.2 By June 30, 2022, increase use of linguistically and culturally appropriate patient education materials among 500 dental, pediatric (or other medical) providers, or CBOs.

Objective 1.3 By June 30, 2022, increase capacity to provide oral health education, including nutrition and tobacco cessation, to clients from vulnerable populations.

Goal 2: Increase the number of dental providers that provide care for the underserved.

Objective 2.1 By June 30, 2022, 80% of trained dental providers will see patients by first tooth or first birthday.

Objective 2.2 By June 30, 2022, work with 10% of school districts to provide screenings, fluoride varnish applications, and dental sealants (onsite or referrals) to students grades K-6.

Objective 2.3 By June 30, 2022, increase the number of children receiving dental sealants at community events by 10% annually.

Goal 3: Create system linkages to build infrastructure and capacity to promote oral health through collaboration, coordination, and advocacy.

Objective 3.1 By June 30, 2022, increase organization membership and engagement in the San Diego County Oral Health Coalition by 20%.

Objective 3.2 By June 30, 2022, work with 10% of school districts to increase access to onsite oral health preventive services.

Objective 3.3 By June 30, 2022, increase the percent of schools reporting Kindergarten Oral Health Assessment data by 10%.

Objective 3.4 By June 30, 2022, increase awareness of the safety, benefits, and cost effectiveness of water fluoridation.

Goal 4: Leverage the patient-provider relationship to advance oral health.

Objective 4.1 By June 30, 2022, 60% of trained pediatric providers will implement fluoride varnish application.

Objective 4.2 By June 30, 2022, 85% of trained pediatricians will implement screening and referral of patients for dental services by age one or first tooth eruption.

Objective 4.3 By June 30, 2022, 75% of trained LOHP-trained dental providers will implement referrals to tobacco cessation counseling and resources.

Implementation of Action Plan

The first steps of the COHIP Action Plan include building on the existing activities and capacity that align with COHIP goals, top priority objectives, and key strategies. There are numerous strengths, weaknesses, opportunities, and threats (SWOT) to the Community Oral Health Improvement Plan. Strengths and challenges were developed based on needs assessment feedback as well as discussions with the LOHP Action Plan Workgroup. Strengths include current funding allocations toward several objectives, an engaged and eager coalition of oral health stakeholders, a rich library of existing patient- and provider-directed materials, and partner organizations.

Weaknesses, such as a lack of available baseline data, unfunded priority areas, and a lack of a single coordinator for all countywide activities could pose challenges to accomplishing the goals of COHIP.

Conclusion

San Diego County is uniquely positioned to impact oral health through 2022 and beyond. Through a concerted effort involving the support of existing programs, current LOHP funding, partnerships, collaborative, professional groups, organizations, and interested, engaged individuals, we have the ability to achieve optimal oral health for all San Diego County communities.

Acronyms and Abbreviations

AAP	American Academy of Pediatrics
CDA	California Dental Association
CDPH	California Department of Public Health
COHIP	County Oral Health Improvement Plan
COSD	County of San Diego
DHI – STC	Dental Health Initiative – Share the Care Dental Program
DTI	Dental Transformation Initiative
FQHC	Federally Qualified Health Center
HHSA	Health & Human Services Agency
IPH	Institute for Public Health
LWSD	Live Well San Diego
LOHP	Local Oral Health Program
OHI	Oral Health Initiative
RCHSD	Rady Children’s Hospital – Anderson Center for Dental Care
RDAEF	Registered Dental Assistant Expanded Function
RDHAP	Registered Dental Hygienist in Alternative Practice
SDCOHC	San Diego County Oral Health Coalition
SDCDS	San Diego County Dental Society
SDSU	San Diego State University
SPH	School of Public Health
UCSD	University of California San Diego
US	United States
VCC	Vista Community Clinic
VVSD	Veteran’s Village of San Diego

Introduction

Oral health is integral for overall health and well-being across the entire lifespan. Good oral health can improve an individual's quality of life and the ability to speak, smile, eat, and taste (CDC, 2015). Using Proposition 56 funds granted from the State of California Oral Health program, the County of San Diego Health and Human Services Agency (HHSA), Maternal, Child, and Family Health Services, Local Oral Health Program (LOHP) strives to improve the oral health of San Diego residents through the development and implementation of our Community Oral Health Improvement Plan (COHIP, 2018 – 2022).

The purpose of this report is to describe the development process for the COHIP and outline the Vision, Guiding Principles, Goals, Objectives and Key Strategies for San Diego County for the next five years. The county plan aligns with the California Department of Public Health (CDPH) State Oral Health Plan for 2018-2028, which “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” (January 2018; full plan is accessible online here:

<https://www.cdph.ca.gov/Programs/CCDCPHP/DCDIC/CDCEB/Pages/OralHealthProgram/OralHealthProgram.aspx>).

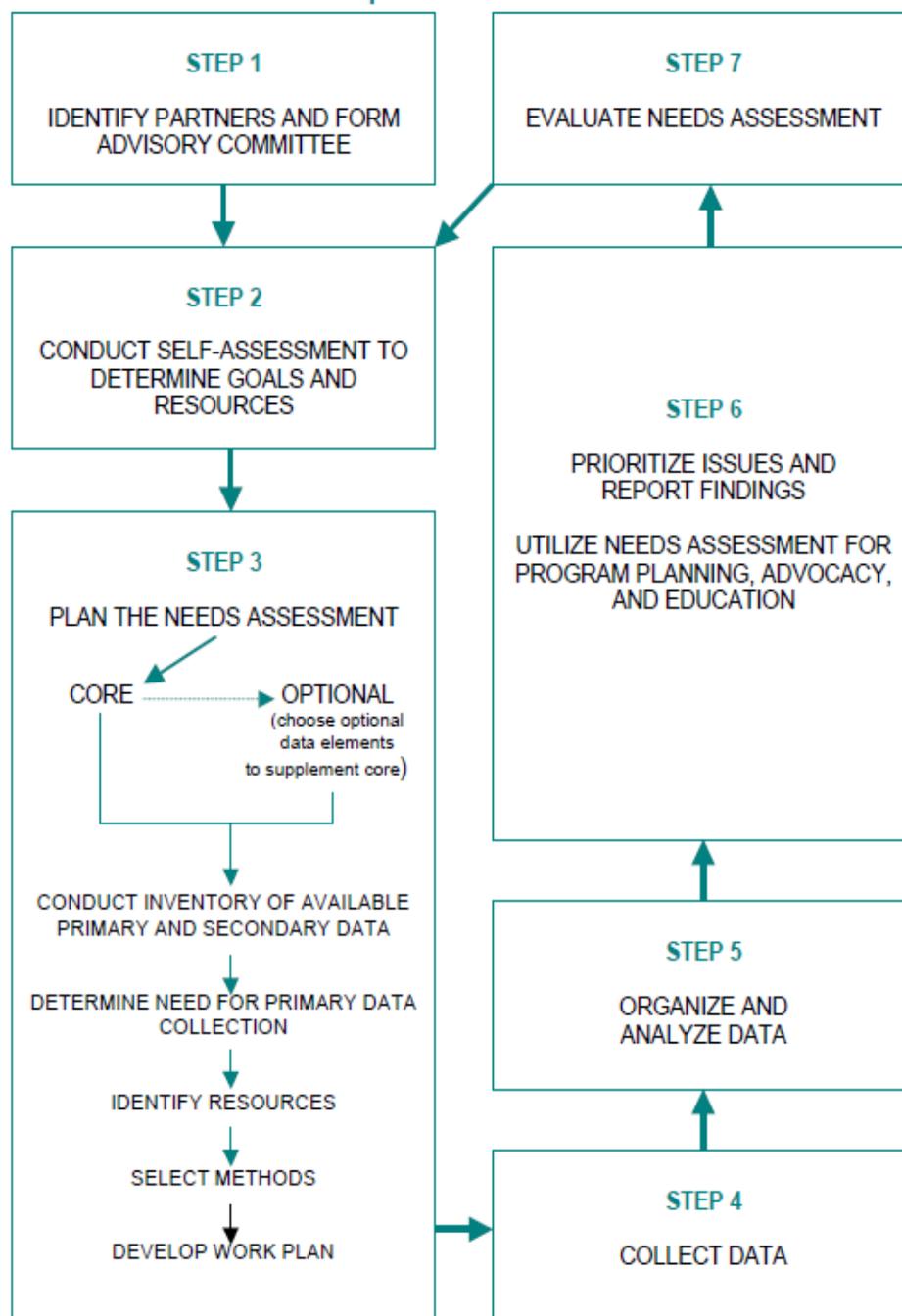
Methodology

LOHP efforts referenced the Association of State & Territorial Dental Directors (ASTDD) Seven-Step Model for Assessing Oral Health Needs, shown in Figure 1 (<https://www.astdd.org/docs/Seven-Step-Model-Introduction.pdf>).

Step 1: HHSA identified priority areas and awarded contracts for the LOHP efforts to UCSD Dental Health Initiative: Share the Care (DHI/STC), Rady Children's Hospital – Anderson Center for Dental Care (RCHSD), and the American Academy of Pediatrics – CA Chapter 3 (AAP). The San Diego State University (SDSU) Institute of Public Health (IPH) and Dr. Tracy Finlayson, Professor, SDSU School of Public Health (SPH), led the needs assessments activities.

The San Diego County Oral Health Advisory Board membership was updated for the LOHP efforts and convened beginning January 2019. The San Diego County Oral Health Action Plan Workgroup (hereafter “Action Plan Workgroup”), was an invited subcommittee of the San Diego County Oral Health Advisory Board. The Action Plan Workgroup was comprised of 18 members representing public and private dental providers, various oral health organizations, and constituencies (see **Appendix A** for membership list and affiliation).

Figure 1
Seven-Step Needs Assessment Model



Step 2: Initial LOHP funded priorities include: promoting the adoption of effective preventive dental procedures like fluoride varnish for specific at-risk population groups (such as young children, older adults, foster youth, homeless), and AAP’s “Brush, Book, Bed” program (<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Brush-Book-Bed.aspx>).

Step 3: The needs assessments included an inventory of available assets and determined resources and gaps to help inform the creation of an action plan to improve oral health. The four needs assessments are described in **Table 1**. An assessment of available oral health data was also conducted between October 2018 – January 2019.

Step 4: The needs assessment surveys were deployed online in December 2018 – January 2019. The needs assessments targeted four groups: the San Diego County Oral Health Coalition (SDCOHC), pediatricians (in partnership with the San Diego chapter of AAP), dentists (in partnership with the San Diego County Dental Association), and other oral health partners and community-based organizations (in partnership with the SDCOHC). These groups were given unique but related surveys, and individuals that were members in more than one of these groups could have received and replied to more than one survey.

Step 5: Survey results were tabulated and reported in separate reports (*County of San Diego Health and Human Services Agency Available Local Oral Health Data Summary Report, Local Oral Health Program Community Engagement Report, Local Oral Health Program Inventory of Assets Report, and San Diego County Oral Health Coalition Assessment Report*, SDSU Institute for Public Health & Dr. Tracy Finlayson, March 2019).

Step 6: Needs assessment results were presented to the Action Plan Workgroup to develop the COHIP priorities.

The Action Plan Workgroup met twice in person, on February 13 and March 22, 2019, to review the results of the needs assessments. Four draft goals and related objectives were presented, all based on the results of the four needs assessments.

At the February 2019 meeting, Action Plan Workgroup members divided into small groups to work on refining one (self-selected) goal, prioritizing proposed objectives, and suggesting additional objectives. Based on this feedback, a revised set of goals and objectives were circulated via email to the Action Plan Workgroup for additional review and comment. In addition to the revised goals and objectives, members were provided with San Diego-specific dental utilization data and were asked to provide information on current Action Plan-related activities and input on the prioritization of activities. Lastly, a draft vision statement was also circulated with requests for feedback.

At the March 2019 meeting, updated Vision, Goals, Objectives and Key Strategies were presented, and Action Plan Workgroup members voted on top priorities using an audience response system. Voting results were displayed in real-time, facilitating immediate discussion and consensus around the plan. Revisions were again made based on the feedback and circulated to the Action Plan Workgroup via email at the end of March.



Action Plan Workgroup members

Step 7: This updated version of the COHIP was presented to the full Advisory Board in April 2019 and will be presented widely at the San Diego County Oral Health Forum planned for June 2019.

Thus, the COHIP presented here was developed with significant input from the San Diego County Oral Health Action Planning Workgroup, San Diego County Oral Health

Advisory Board, SDCOHC members, San Diego County Dental Society, the San Diego Chapter of AAP, RCHSD, and DTI/STC.

Key Findings from the Needs Assessments

Summary of Available Data

As a first step to understanding the oral health status of San Diego County residents, an inventory of available secondary data was conducted from October 2018 through January 2019. See **Appendix B**, List of Sources and websites used, and the full report (*County of San Diego Health and Human Services Agency Available Local Oral Health Data Summary Report*; Dr. Tracy Finlayson, Roxanna Zapata, and Institute for Public Health; March 2019) for more details. Available data indicated that there was a need to further assess oral health for all San Diego county residents, as the last population health survey that included oral health was conducted in 2003 (United Way).

There was limited publicly available data for San Diego County. The main findings from the report are included below:

- San Diego County-level oral health data is mostly from self-reported measures, some of which are outdated and not representative for the whole county.
- Historically, local programs focused on dental services for pregnant women and children 0-5 years of age, and there is more data available for children from those current existing programs.
- Some clinical data were available for older adults from the recent statewide assessment, but the county-level data is from a small sample.
- Overall, there is limited clinical data available for adults, racial/ethnic minorities, new immigrants, and refugees in the public domain.
- In 2013, the California Dental Association (CDA) sponsored a large event called “CDA Cares” in San Diego, where free dental care was provided to over 2000 patients. The large turnout at the event demonstrated the high need for dental services by San Diego County residents.

Summary of Needs Assessments

As shown in **Table 1**, four targeted needs assessments were deployed to key stakeholder groups identified by COSD HHSA. Full qualitative and quantitative results can be found in the needs assessment reports (*County of San Diego Health and Human Services Agency Available Local Oral Health Data Summary Report, Local Oral Health Program Community Engagement Report, Local Oral Health Program Inventory of Assets Report, and San Diego County Oral Health Coalition Assessment Report*, SDSU Institute for Public Health & Dr. Tracy Finlayson, March 2019). Themes can be found below.

Table 1. San Diego County Oral Health Needs Assessments

Tool	San Diego County Oral Health Coalition (SDCOHC) Assessment	Oral Health Provider Community Needs Assessment	Pediatric Provider Community Needs Assessment	Oral Health Partners & Community-Based Organization Needs Assessment
Audience	SDCOHC members	Current oral and dental health providers (including Head Starts and refugee-serving organizations)	Pediatric medical providers	Groups that provide OH services to high-risk groups (seniors, refugees, racial/ethnic minority groups)
Description	SDCOHC Assessment; Inventory of Assets	Community Engagement Assessment; Inventory of Assets	Community Engagement Assessment; Inventory of Assets	Community Engagement Assessment; Inventory of Assets
Goals	Determine progress to-date, recommendations, future directions, and anticipated challenges of local oral health and coalition	Assess oral health knowledge, attitudes, beliefs, barriers, unmet needs, and current practices	Assess oral health practices, resources, and perceived patient behaviors	Identify assets and resources that address community oral health needs
Dissemination partners	HHSA provided SDCOHC and task force listservs	RCHSD, local coalition members	AAP	DHI/STC, SDSU
Sample size	46	74	99	14

Key Findings from the SDCOHC Assessment

Several SDCOHC strengths were identified. The coalition is an important consistent resource that plays an important convening role amongst stakeholders at the standing meetings. The current network of members is an asset/resource. There is more momentum now with LOHP. It is seen as a consistent resource, with focused commitment to oral health.

In terms of areas in need of improvement, respondents felt that SDCOHC could improve communication, structure, outreach and engagement, and participation to support developing and executing more actionable plans. Members felt that SDCOHC could exert more influence to drive oral health improvement. There was also a desire for more provider assistance and projects that focus on existing policy enforcement, public awareness, underserved populations, and the uninsured.

The greatest oral health needs in San Diego County identified by the SDCOHC included the specific population groups (see **List 1**). Enhancing access to care was another need through education, barrier reduction, and supporting access to Medi-Cal Dental Program. As a Coalition, they could also actively advocate for policies that support access and coordination of care.

List 1. Target Population Groups of Interest

- Infants (0-1)
- Toddlers (2-3)
- Youth (4-17)
- Adults (18-64)
- Seniors (65+)
- Pregnant women
- Individuals with low socioeconomic status (SES)
- Veterans
- Homeless
- Individuals with special needs
- Racial/ethnic minorities
- New immigrants and refugees

Key Findings from the Community Engagement Needs Assessment

Oral health providers identified financial barriers to care and the need for more outreach and education when asked about unmet oral health needs in San Diego County. They also indicated that there were specific at-risk populations (see **List 1**) that were not being addressed appropriately.

Pediatric providers identified the lack of insurance coverage, parental commitment, providers, and coordination as obstacles to making referrals for oral health. Patients with special needs also posed more of a challenge to care for.

Unmet oral health needs in San Diego County were also identified by oral health partners and community-based organizations (CBOs). These included general access to care, particularly for special populations, affordability of care, cultural competency of care, patient/client dental knowledge, a lack of providers that accept the Medi-Cal Dental Program, access to specialty services such as orthodontics, periodontics, endodontics, and a lack of focus on preventive care.

Key Findings from Inventory of Assets

Several existing assets were identified through surveys sent to pediatric and dental providers, members of the SDCOHC, and partner CBOs. These assets included the SDCOHC, LOHP funding, DHI/STC, OHI, FQHCs, free and reduced-cost dental services for qualifying populations, various website (please see the full report for a comprehensive listing of websites identified by respondents), and collaborative educational and preventive services.

COHIP Goals and Objectives

VISION

Achieving optimal oral health for all San Diego County communities, with an emphasis on the underserved, and promoting preventive services for all

GUIDING PRINCIPLES

The needs assessment and evaluation processes are guided by ASTDD, CDPH, and the California Oral Health Plan.

The COHIP has a focus on health equity, social justice, and serving the underserved, and these target population groups of interest:

- Infants (0-1)
- Toddlers (2-3)
- Youth (4-17)
- Adults (18-64)
- Seniors (65+)
- Pregnant women
- Individuals with special needs
- Racial/ethnic minorities
- New immigrants and refugees
- Individuals with low socioeconomic status (SES)
- Veterans

The Action Plan Workgroup asserts that no one target population group is higher priority than another – all are important given the diversity in San Diego County. For a detailed overview of San Diego County, please refer to the *Available Local Oral Health Data Summary Report* (Dr. Tracy Finlayson, Roxanna Zapata, and the Institute for Public Health, March 2019).

San Diego County COHIP Goals

There are four overarching goals in the San Diego County Oral Health Improvement Plan, presented in priority order for the multi-year plan (2018 – 2022).

Goal 1: Educate communities on the following: the importance of oral health, proper oral hygiene, access to dental care, oral disease prevention, and the connection between oral health and general health.

Goal 2: Increase the number of dental providers that provide care for the underserved.

Goal 3: Create system linkages to build infrastructure and capacity to promote oral health through collaboration, coordination, and advocacy.

Goal 4: Leverage the patient-provider relationship to advance oral health.

Objectives, Strategies, & Priorities for Action

SMART objectives (Specific, Measurable, Achievable, Realistic, and Time-bound) were developed for each COHIP goal despite the lack of comprehensive baseline data (which are included where available). Objectives were identified and prioritized for each goal, each with accompanying strategies and actions.

Objectives pertain to LOHP-funded activities. Additional strategies outside the scope of LOHP funding to reach other vulnerable and underserved populations across the lifespan will be explored through community partnerships and other funding opportunities (see *Strategies for Future Planning and Partner Collaborations*).

Outcome objectives were developed as a means of measuring the positive impact of the COHIP on intermediate and long-term outcomes for dental service utilization and untreated tooth decay. Each outcome captures the combined impact of multiple related objectives and were designed to reflect progress while also considering what data are available on an annual basis.

Goal 1: Educate communities on the following: the importance of oral health, proper oral hygiene, access to dental care, oral disease prevention, and the connection between oral health and general health.

Objectives	Strategies	Actions
<p>1.1 By June 30, 2022, work with 10% of school districts to increase knowledge and awareness of general oral health messages, dental sealants, fluoride varnish, and tobacco cessation.</p>	<ul style="list-style-type: none"> Collaborate with schools to provide oral health education, tobacco cessation resources, and materials on dental sealants and fluoride varnish. 	<ul style="list-style-type: none"> Develop a communication plan using educational materials and consistent key messaging, including focuses on cavities as a communicable disease, the need for children to see a dentist by first tooth/first birthday, fluoridation, and preventive services. Conduct instructional visits on oral health to children and provide educational materials for parents and staff.
<p>1.2 By June 30, 2022, increase use of linguistically and culturally appropriate patient education materials among 500 dental, pediatric (or other medical) providers, or CBOs.</p>	<ul style="list-style-type: none"> Provide materials and support to promote prevention, including nutrition, fluoride (including fluoridation), tobacco cessation, and access to dental care in the most common primary languages. Provide oral health literacy trainings to pediatricians. 	<ul style="list-style-type: none"> Identify populations in need of linguistically and culturally appropriate patient education materials. Identify gaps in materials and tailor appropriately as needed. Translate materials into Spanish, Arabic, Vietnamese, Tagalog, and Farsi. Create a distribution plan. Update website and include page on fluoridation.
<p>1.3 By June 30, 2022, increase capacity to provide oral health education, including nutrition and tobacco cessation, to clients from vulnerable populations.</p>	<ul style="list-style-type: none"> Provide trainings to CBO and home visiting staff that serve vulnerable populations, including new immigrants/refugee families and families receiving home visitations. 	<ul style="list-style-type: none"> Develop training materials and curriculum to support CBO and home visiting staff. Utilize a train-the-trainer model to provide CBO staff with the capacity to educate clients. Assess effectiveness of trainings among clients.

Goal 2: Increase the number of dental providers that provide care for the underserved.

Objectives	Strategies	Actions
2.1 By June 30, 2022, 80% of trained dental providers will see patients by first tooth or first birthday.	<ul style="list-style-type: none"> Educate dental providers about the importance, benefits, and logistics of seeing pediatric patients by age one or first tooth eruption. 	<ul style="list-style-type: none"> Provide training to dental providers, with a focus on caring for pediatric patients.
2.2 By June 30, 2022, work with 10% of school districts to provide screenings, fluoride varnish applications, and dental sealants (onsite or referrals) to students grades K-6.	<ul style="list-style-type: none"> Facilitate preventative services at schools or through CBOs. 	<ul style="list-style-type: none"> Collaborate with school staff to organize all aspects of preventative services within schools, including developing forms, providing supplies, and recruiting volunteer dental professionals.
2.3 By June 30, 2022, increase the number of children receiving dental sealants at community events by 10% annually.	<ul style="list-style-type: none"> Increase promotional outreach among community partners and sites that reach children. 	<ul style="list-style-type: none"> Work with school districts where screenings and sealant referrals were given to promote community sealant events and encourage attendance.

Goal 3: Create system linkages to build infrastructure and capacity to promote oral health through collaboration, coordination, and advocacy.

Objectives	Strategies	Actions
<p>3.1 By June 30, 2022, increase organization membership and engagement in the San Diego County Oral Health Coalition by 20%.</p>	<ul style="list-style-type: none"> Engage community organizers and CBOs that have not traditionally been involved in oral health. Facilitate a concerted SDCOHC membership recruitment effort. 	<ul style="list-style-type: none"> Identify non-traditional organizations for recruitment and provide outreach to needs assessment respondents that expressed interest. Conduct outreach to organizations identified as being integral to coalition goals. Ask members to refer potential partners.
<p>3.2 By June 30, 2022, work with 10% of school districts to increase access to onsite oral health preventive services.</p>	<ul style="list-style-type: none"> Provide technical assistance and resources to school districts to provide onsite services. 	<ul style="list-style-type: none"> Develop example Memorandum of Understanding language for school district agreements with dentists or dental hygienists.
<p>3.3 By June 30, 2022, increase the percent of schools reporting Kindergarten Oral Health Assessment data by 10%.</p>	<ul style="list-style-type: none"> Coordinate with school staff and district partners to provide Oral Health Assessment screenings and comply with data reporting. 	<ul style="list-style-type: none"> Review oral health assessment data and target schools with compliance below 66%. Work with reporting schools to improve data accuracy, and work with nonreporting schools to develop solutions to reporting challenges.
<p>3.4 By June 30, 2022, increase awareness of the safety, benefits, and cost effectiveness of water fluoridation.</p>	<ul style="list-style-type: none"> Engage community stakeholders to promote drinking fluoridated water. 	<ul style="list-style-type: none"> Engage the Advisory Board, San Diego County Oral Health Coalition, and water districts to develop targeted messaging around water fluoridation.

Goal 4: Leverage the patient-provider relationship to advance oral health.

Objectives	Strategies	Actions
4.1 By June 30, 2022, 60% of trained pediatric providers will implement fluoride varnish application.	<ul style="list-style-type: none"> Promote the incorporation of fluoride varnish application into existing wellness checks and events. 	<ul style="list-style-type: none"> Train and encourage pediatricians to adopt the application of fluoride varnish into well-child visits.
4.2 By June 30, 2022, 85% of trained pediatricians will implement screening and referral of patients for dental services by age one or first tooth eruption.	<ul style="list-style-type: none"> Provide trainings to facilitate adoption of oral health screening and referrals. 	<ul style="list-style-type: none"> Provide pediatricians, family physicians, and their office staff with training, resources, and behavior modification incentives for patient distribution.
4.3 By June 30, 2022, 75% of trained LOHP-trained dental providers will implement referrals to tobacco cessation counseling and resources.	<ul style="list-style-type: none"> Promote dental provider implementation of tobacco cessation counseling referrals. 	<ul style="list-style-type: none"> Provide training to dental providers on implementing practices to refer patients who use tobacco and tobacco-related products to tobacco cessation counseling.

Outcome Objectives

Objectives	Baseline	Target
By June 30, 2022, increase the percent of Kindergarten children submitting completed Oral Health Assessment forms by 10%	64%¹	74%
By June 30, 2022, reduce the prevalence of untreated tooth decay in kindergarten children by 5%.	21%¹	16%
By June 30, 2022, increase the number of children enrolled in the Medi-Cal Dental program who see a dentist at one year old or younger by 10%.	24%²	34%
By June 30, 2022, increase the number of dental providers accepting Medi-Cal Dental patients by 20%.	380³	456

Sources:

1. 2017-2018 County Oral Health Assessment Data. County of San Diego Health & Human Services Agency.
2. Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2017. California Department of Healthcare Services. Baseline represents Calendar Year 2017, Annual Dental Visit, San Diego County, Age Filter = Age <1 and Age 1-2. Retrieved from: <https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year-2013-to-2015>
3. Denti-Cal Provider Directory. <https://www.denti-cal.ca.gov/find-a-dentist/home>. March 2019 figure listed in County of San Diego HHS Available Local Oral Health Data Summary Report. Finlayson T, Zapata R, and the Institute for Public Health. March 2019.

Strategies for Future Planning and Partner Collaborations

Goal 1: Educate communities on the following: the importance of oral health, proper oral hygiene, access to dental care, oral disease prevention, and the connection between oral health and general health.

- Create and disseminate a broad-appeal public information campaign to raise public awareness about the value of oral health in San Diego County.
- Educate dental and medical providers about shared decision-making related to oral health with other vulnerable and underserved patient populations.
- Provide training and resources on the oral health-general health connection, support systems for managing population oral health, and referral tracking for medical and dental providers.

Goal 2: Increase the number of dental providers that provide care for the underserved.

- Promote the Medi-Cal Dental Program among all dental providers, particularly private dentists. Collaborate with community partners to promote the benefits of Medi-Cal Dental Program participation, leveraging the *Smile, California* campaign that informs Medi-Cal beneficiaries about their dental benefits and recruits and retains providers.
- Facilitate access to services by increasing the number of providers participating in the Medi-Cal Dental Program and by identifying and promoting strategies to bring dental services to locations of convenience such as mobile units, traveling dental professionals, and co-location of services.

Goal 3: Create system linkages to build infrastructure and capacity to promote oral health through collaboration, coordination, and advocacy.

- Conduct trainings and participate in stakeholder strategic planning events to support increased reimbursement for dental services and other oral health-promoting initiatives.
- Provide tools and current centralized information to support stakeholder efforts at the local, state and national levels.
- Coordinate strategic planning efforts and solicit stakeholder input from groups that have an oral health component either directly (such as those that would be impacted by the proposed Medicare dental benefit) or indirectly (such as those that promote health initiatives with oral health overlap [e.g. tobacco prevention and cessation, HPV vaccination]).
- Conduct inter-professional trainings and events offering continuing education for medical, dental, and public health professionals to facilitate networking and increase cross-sector collaboration to advance oral health.

Goal 4: Leverage the patient-provider relationship to advance oral health.

- Identify, train, and provide support to medical providers to integrate preventive oral health into their practices, disease management programs, and efforts for specific at-risk population groups, such as those with diabetes.
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Implementation of Action Plan

The first steps of our COHIP Action Plan include building on the existing activities and capacity that align with COHIP goals, top priority objectives, and key strategies.

Our short-term activities will include collecting baseline data for San Diego County if it does not already exist and to develop SMART objectives. We also aim to identify new partners to engage in promoting oral health. The next steps will involve drafting a full evaluation plan and logic model, with short-, intermediate-, and long-term activities, outputs, and outcomes.

We will then convene and determine whether the priority items for each objective within this report align with LOHP priorities.



There are numerous strengths, weaknesses, opportunities, and threats (SWOT) to the Community Oral Health Improvement Plan. Strengths and challenges were developed for each objective based on needs assessment feedback as well as discussions with the LOHP Action Plan Workgroup. **Figure 2** examines COHIP using a SWOT analysis.

Strengths include current funding allocations toward several objectives, an engaged and eager coalition of oral health stakeholders, a rich library of existing patient- and provider-directed materials, and partner organizations. Weaknesses, such as a lack of available baseline data, unfunded priority areas, and a lack of a single coordinator for all countywide activities could pose challenges to accomplishing the goals of COHIP. Despite these weaknesses, there are significant opportunities for transformative work, including populations where significant improvements are possible and the ideal timing of this work due to increased awareness of the oral health-overall health connection and the recent reinstatement of dental benefits for Medi-Cal beneficiaries. Lastly, threats to achieving the goals laid out within the COHIP must be kept in mind. These include the ever-shifting regulatory environment that could impact access to care and necessitate revisions of training materials. It is also important to keep in mind that, particularly for at-

risk and underserved populations, there are significant competing priorities and demands on their time, attention, and focus.

Figure 2. SWOT Analysis of San Diego County COHIP

<p style="font-size: 48pt; text-align: center;">S</p> <p style="text-align: center;">STRENGTHS</p>	<p style="font-size: 48pt; text-align: center;">W</p> <p style="text-align: center;">WEAKNESSES</p>	<p style="font-size: 48pt; text-align: center;">O</p> <p style="text-align: center;">OPPORTUNITIES</p>	<p style="font-size: 48pt; text-align: center;">T</p> <p style="text-align: center;">THREATS</p>
<ul style="list-style-type: none"> • Current funding toward several objectives • Engaged and eager coalition of oral health stakeholders • Existing materials • Partner agencies, organizations, and universities 	<ul style="list-style-type: none"> • Population-based oral health baseline data • Lack of funding for all identified priority areas • Organization or individuals responsible for coordinating all activities 	<ul style="list-style-type: none"> • Ideal timing of initiatives given increased awareness of oral-overall health connection • Underserved populations where large impact is possible 	<ul style="list-style-type: none"> • Ever-shifting regulatory environment that could impact training materials • Competing priorities among those at most risk of poor oral health

Conclusion

San Diego County is uniquely positioned to impact oral health through 2022 and beyond. Through a concerted effort involving the support of existing programs, current LOHP funding, partnerships, collaborative, professional groups, organizations, and interested, engaged individuals, we have the ability to achieve optimal oral health for all San Diego County communities.

Appendix A – LOHP Action Plan Workgroup & Staff

SAN DIEGO COUNTY LOHP ACTION PLAN WORKGROUP

Name	Title	Organization
Hoa Audette	General Dentist	--
Mary Ann Bundang	Program Manager	Health Quality Partners
Megan Caldwell	Sr. Project Specialist	American Academy of Pediatrics
Dr. Rebecca Cornille	Dental Director	Vista Community Clinic
Ayrielle Franco	Grants Manager	Gary and Mary West Senior Dental Center
Janice Hom	President	San Diego County Dental Assistants Society
Jean Honny	Director	Southwestern College-Dental Hygiene Program
Mike Koonce	Executive Director	San Diego County Dental Society
Jenna Middlebrooks	Dental Public Health Consultant	--
Mary Beth Moran	Director	Center for Healthier Communities, Rady's Children's Hospital
Thomas Olinger	Chief Dental Officer	Medical Care Services Division, County of San Diego Health & Human Services Agency
Evelyne Vu-Tien	Pediatric Dentist	--
Peggy Yamagata	Oral Health Advocate	Lifetime Dental

LOCAL ORAL HEALTH TEAM

Name	Title	Organization
Martha Crowe	Evaluation Specialist	SDSU Institute for Public Health
Tracy L. Finlayson	Professor	SDSU School of Public Health, Health Management and Policy Division
Ramon Hernandez	Section Chief, Community Health	UCSD Center for Community Health, Dental Health Initiative - Share the Care Dental Program
Corinne McDaniels-Davidson	Director	SDSU Institute for Public Health
Nancy Starr	Health Planning & Program Specialist	Maternal, Child, and Family Health Services, County of San Diego Health & Human Services Agency
Kanako Sturgis	Evaluation Specialist	SDSU Institute for Public Health
Josephine Young	Community Health Program Specialist	Maternal, Child, and Family Health Services, County of San Diego Health & Human Services Agency

Appendix B - List of Sources

Source Name	Website
American Cancer Society	https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2019.html
California Demographics	https://www.california-demographics.com/counties_by_population
California Dental Association	https://www.cda.org
California Dental Association Foundation	https://www.cdafoundation.org
California Department of Education	https://www.cde.ca.gov
California Department of Health Care Services	https://www.dhcs.ca.gov
California Department of Public Health	https://www.cdph.ca.gov
California Health Interview Survey	http://healthpolicy.ucla.edu/chis/Pages/default.aspx
Centers for Disease Control and Prevention	https://www.cdc.gov
Center for Oral Health	https://centerfororalhealth.org
The Children's Initiative	https://www.thechildrensinitiative.org/reports
DataUSA	https://datausa.io
First 5 San Diego	http://first5sandiego.org/annual-evaluation-reports/
Health & Human Services Agency	https://www.sandiegocounty.gov/hhsa
Health Resource and Services Administration	https://bphc.hrsa.gov/uds/datacenter.aspx
Healthy People 2020	https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives
Kaiser Foundation Hospital	https://community.kp.org/download.php?f=2016-KFH-San-Diego-CHNA_Final.pdf
Maternal and Infant Health Assessment	https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-and-Reports.aspx
Neighborhood House Association	http://www.neighborhoodhouse.org/about-us/agency-reports/#sthash.E06GhyMo.dpbs
San Diego County Dental Society	https://sdcds.org
San Diego Dental Health Foundation	https://www.sdcdhf.org/john-geis-dds-clinic.html
San Diego Water Authority	https://www.sdcwa.org/fluoridation
Share the Care/Dental Health Initiative	https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/dental_health_initiative_share_the_care.html
UCLA Center for Health Policy Research	http://healthpolicy.ucla.edu
UDS Mapper	https://www.udsmapper.org/
US Census Bureau	https://factfinder.census.gov