

Community Oral Health Improvement Plan

The purpose of the 2026 Community Oral Health Improvement Plan (COHIP) is to outline targeted population-level oral health outcomes, recommend actions organizations can do to reach targeted goals, and identify data-driven objectives and measures to track changes in oral health access and outcomes. The 2026 COHIP was informed by the 2025 Needs Assessment Update. Both the 2025 Needs Assessment Update and 2018-2022 COHIP can be found on the [San Diego County Oral Health Coalition website](#).

The 2026 COHIP was developed using a [collective impact](#) approach, acknowledging the necessity and value of community collaboration to achieve oral health equity. The two goals below identify a common agenda and reflect oral health outcomes that organizations across the region are working towards.

GOAL 1: IMPROVE ACCESS TO DENTAL CARE

Targeted population oral health outcomes:

- More residents that receive an annual dental visit, especially those with Medi-Cal, older adults, residents with special healthcare needs, and transitional-age foster youth.
- Less emergency department visits for non-traumatic dental issues.
- More pregnant people with Medi-Cal that have a dental visit during pregnancy.

GOAL 2: REDUCE DENTAL DISEASE

Targeted population oral health outcomes:

- Less children with untreated decay.
- More children with Medi-Cal that receive sealants and fluoride varnish.
- Greater collaboration with partners to provide preventive dental services.

The **Action Plan** (Table 1) lists recommended actions organizations can do to support community oral health, such as providing education, promoting awareness of Medi-Cal benefits, and offering dental care coordination, if applicable and appropriate. This list is not exhaustive, and organizations using other strategies to support community oral health are encouraged to connect with the [San Diego County Oral Health Coalition](#) to share and promote their efforts and find opportunities to collaborate. Coordination, collaboration, and collective sharing and learning through the coalition can foster mutually reinforcing activities to maximize the impact of different oral health efforts in San Diego County. For support or technical assistance with the actions listed, please contact the [County of San Diego Oral Health Program](#).

The developed **SMART Objectives** (Tables 2-3) were written to be Specific, Measurable, Achievable, Relevant, and Time-bound (SMART). The objectives were based on available county-level data to assess progress towards targeted oral health outcomes and include baselines and data sources. In addition to existing data, **Shared Measures** to assess the number of organizations implementing recommended actions are planned to be collected on a voluntary basis and shared.



Table 1: Action Plan – What organizations and providers can do to support oral health

Organizations	Recommended Actions
Organizations reaching Medi-Cal members	Promote the Smile, California website to increase awareness of Medi-Cal dental benefits and resources to help find a Medi-Cal dental provider. Use the Medi-Cal Dental Care Coordination Referral Form for Medi-Cal members needing dental care.
Organizations with pregnant clients	Encourage pregnant people to visit the dentist and provide referral. Provide education or resources for caring for baby teeth (Why It's Important to Take Care of Baby Teeth).
Organizations reaching parents or caregivers of young children	Encourage parents and caregivers to take their child to the dentist by 12 months and provide referral. Provide education or resources for caring for baby teeth (Why It's Important to Take Care of Baby Teeth).
Organizations with clients with special healthcare needs or older adults	Partner with Registered Dental Hygienists in Alternative Practice (RDHAPs) and providers offering mobile dentistry for on-site services or to reach homebound clients. Refer clients with special needs to dentists or community clinics providing special needs care (The Special Needs Resource Foundation of San Diego: Dental Health Resources in San Diego County).
Schools	Take steps towards a comprehensive school dental program by: - Partnering with a dental provider for on-site school screenings and preventive services; - Providing referrals for children needing dental care, especially those with urgent dental needs; - Providing education about the need for on-site screenings, fluoride varnish, and dental sealants. Refer children with special needs to pediatric dentists or community clinics providing special needs care (The Special Needs Resource Foundation of San Diego: Dental Health Resources in San Diego County).

Table 1: Action Plan – What organizations and providers can do to support oral health (continued)

Providers	Recommended Actions
Dental providers	Partner with schools to provide on-site screenings and preventive services.
	Partner with schools to receive referrals.
	Support collective actions to address Medi-Cal Dental funding at the policy and legislative level.
Pediatric medical providers	Offer fluoride varnish applications at well-child visits.
	Provide referrals for children needing dental care, especially those with urgent dental needs
	For children with special needs, incorporate dental screening during well-child visits.
	Refer children with special needs to pediatric dentists or community clinics providing special needs care. (The Special Needs Resource Foundation of San Diego: Dental Health Resources in San Diego County)
	Support collective actions to address Medi-Cal funding at the policy and legislative level.



Tables 2-3: SMART* Objectives – How targeted outcomes will be measured

Table 2. Goal 1 Objectives

GOAL 1: IMPROVE ACCESS TO DENTAL CARE		
Objectives	Baselines	Data Source
1a. By 2030, increase the percentage of Medi-Cal beneficiaries who receive an annual dental visit by 5%.	Baselines by population of focus (2023) • Children 0-5: 43.5% • School-age children 6-18: 53.3% • Older adults 65+: 28.4%	California Department of Healthcare Services, Medi-Cal Enrollment and Medi-Cal Dental Utilization
1b. By 2030, reduce the rate of emergency department visits for nontraumatic dental conditions by 5%.	Baselines by age group (2022-2023) • Under 1: 454.8 per 100,000 • 1-2: 653.7 per 100,000 • 3-5: 330.5 per 100,000 • 6-9: 206.2 per 100,000 • 10-13: 97.8 per 100,000 • 14-17: 124.2 per 100,000 • 18-34: 284.1 per 100,000 • 35-64: 221.5 per 100,000 • 65-100: 134.8 per 100,000 • All ages: 228.8 per 100,000	California Department of Health Care Access and Information (HCAI), Emergency Department Visits
1c. By 2030, increase the percentage of pregnant women on Medi-Cal that receive a dental visit from 46% to 51%.	Baseline: 46.0% (2022-2023)	California Department of Public Health, Maternal and Infant Health Assessment (MIHA)
1d. By 2030, increase the percentage of disabled adults with a dental visit in the past year from 68% to 73%.	Baseline: 68.1% (2023-2024)	UCLA Center for Health Policy Research, California Health Interview Survey (CHIS)
1e. By 2030, increase the percentage of transitional-age foster youth (17-21) that receive an annual dental visit from 18% to 23%.	Baseline: 17.5% (2024-2025)	County of San Diego (CoSD) Child and Family Well-Being Data Unit

* Specific, Measurable, Achievable, Relevant, and Time-bound



Table 2. Goal 1 Objectives (continued)

GOAL 1: IMPROVE ACCESS TO DENTAL CARE (continued)		
Objectives	Baselines	Data Source
1f. By 2030, increase the percentage of enrolled Medi-Cal Dental providers seeing more than 100 patients annually by 5%.	Baseline: 80.0% (2024) Age group 0-20: 62.9% Age group 21 and up: 76.6%	California Department of Healthcare Services, Profile of Enrolled Medi-Cal Dental Fee-for-Service (FFS) Providers and Safety Net Clinics (SNCs); Medi-Cal Dental Utilization by Provider

Table 3. Goal 2 Objectives

GOAL 2: REDUCE DENTAL DISEASE		
Objectives	Baselines	Data Source
2a. By 2030, reduce the percentage of 3 rd grade children with untreated decay from 22% to 17%.	Baseline: 21.8% (School Years 2018-2020) May be adjusted when 2024-2026 Smile Survey results are available.	California Department of Public Health, 3rd Grade Smile Survey
2b. By 2030, reduce the percentage of assessed children entering school with untreated decay from 23% to 20%.	Baseline: 22.5% (School Year 2024-2025)	County of San Diego, Kindergarten Oral Health Assessment
2b. By 2030, increase the percentage of Medi-Cal beneficiaries ages 6-14 that receive sealants by from 13% to 16%.	Baseline: 13.0% (2023)	California Department of Healthcare Services, Medi-Cal Dental Utilization data
2c. By 2030, increase the percentage of Medi-Cal beneficiaries that have all four molars sealed by age 10 by 3%.	Baselines by Medi-Cal Managed Care Plan (2023) - Blue Shield of California Promise Health Plan: 27.0% - Community Health Group Partnership Plan: 33.9% - Kaiser SoCal (KP Cal, LLC): 42.5% - Molina Healthcare of CA: 35.1%	California Department of Health Care Services, Preventive Services Report



Table 3. Goal 2 Objectives (continued)

GOAL 2: REDUCE DENTAL DISEASE (continued)		
<i>Objectives</i>	<i>Baselines</i>	<i>Data Source</i>
2d. By 2030, increase the percentage of Medi-Cal beneficiaries ages 1-20 that receive fluoride varnish by 10%.	Baselines by Medi-Cal Managed Care Plan (2023) • Blue Shield of California Promise Health Plan: 13.6% • Community Health Group Partnership Plan: 17.1% • Kaiser SoCal (KP Cal, LLC): 19.5% • Molina Healthcare of CA: 17.3%	California Department of Health Care Services, Preventive Services Report



Shared Measures for Collective Impact

Process Measures

Number of organizations promoting Smile, California
 Number of organizations using the Medi-Cal Dental Care Coordination Referral Form
 Number of organizations providing oral health education
 Number of organizations providing dental referrals
 Number of organizations with on-site screenings
 Number of organizations with on-site preventive dental services

These process measures are a starting point for data collection from organizations participating in collective impact efforts.

Next Steps

The SMART objectives and shared measures will be included in a scorecard updated annually, and a process for annual data collection for shared process measures will be determined and piloted.

Acknowledgements

Oral Health Advisory Committee Members

Barbara Clyburn, DMD, MPH, Vista Community Clinic

Nancy Graff, MD, UC San Diego Health

Rhonda Freeman, MPH, County of San Diego Health & Human Services Agency

Amanda Lowe-DuBose, DrPH, MPH, County of San Diego Health & Human Services Agency

Elaine Pendoley, RN, MSN, La Mesa-Spring Valley Schools

Sarah St. John, RDHAP, Project AllSmiles

Jacqueline Stiles, MSN, RN, San Diego County Office of Education

Jocelyn Waters, RN, PHN, County of San Diego Health & Human Services Agency

Fadra Whyte, DMD, MPH, County of San Diego Health & Human Services Agency

San Diego County Oral Health Coalition

Children's Workgroup

Workforce Development Workgroup

Medical-Dental Integration Workgroup

