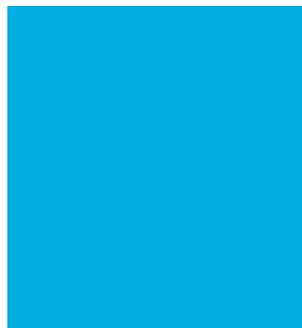


San Bernardino County

# Strategic Plan for Oral Health 2019–2024

June 2019



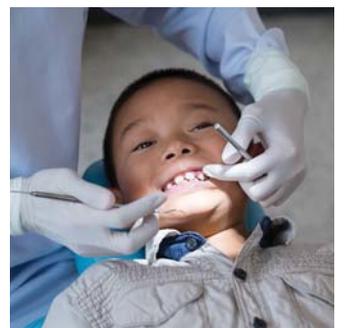
Send questions and inquiries to: Local Oral Health,  
San Bernardino County Department of Public Health  
[oralhealth@dph.sbcounty.gov](mailto:oralhealth@dph.sbcounty.gov)

Funded by the California Department of Public Health  
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Public Health  
Local Oral Health





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# About This Publication

## San Bernardino County Strategic Plan for Oral Health 2019-2024

San Bernardino County Strategic Plan for Oral Health 2019-2024 is the first document of its kind to provide a strategic, data-driven and stakeholder-informed roadmap for improving the oral health of San Bernardino County. The strategic plan was developed through a year-long process that involved the establishment of an advisory committee, conducting a community oral health needs assessment and stakeholder engagement (partners, community leaders and members). This plan was commissioned by the Local Oral Health Program of the San Bernardino County Department of Public Health (SBC-DPH) with funding from the California Department of Public Health.

## San Bernardino County Local Oral Health Program

The Local Oral Health Program (LOHP), established in January 2018 aims to work in alignment with and towards achieving goals and objectives outlined in the California State Oral Health Plan 2018-2028. The California Oral Health Plan is a 10-year framework for addressing oral health disparities, built to align with the four focus areas of the California Wellness Plan: healthy communities; optimal health systems linked with community prevention; accessible and usable health information; and prevention sustainability and capacity. The program is funded by the California Department of Public Health, Office of Oral Health through funds generated as a result of the passage of the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56 Tobacco Tax). The LOHP is tasked with improving oral health, especially of vulnerable and high-risk populations, through assessment, planning, health promotion and education, population-level disease control and prevention and capacity-building. This program will also focus on coordinating countywide efforts and building partnerships.

## Project Consultants

Western University of Health Sciences' mission is to educate tomorrow's healthcare professionals with a combination of scientific excellence and a humanistic, compassionate approach to patient care. Western University is one of the largest graduate schools for the health professions in California. The university is home to more than 3,800 students in nine health sciences colleges and 20 degree programs, as well as more than 1,100 employees. All of the health care programs have professional accreditations and the university is accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges.

Center for Oral Health (COH) was hired through a subcontract from the Western University of Health Sciences to support the development of this strategic plan and was founded in 1985 as the COH Dental Health Foundation and is headquartered in the City of Pomona. COH is one of the leading oral health thought leaders and think tanks in California. COH's mission is to improve oral health, especially of vulnerable populations, through innovation, research, education and advocacy. COH advocates for reducing oral health inequities through data-driven and evidence-based practices, development and implementation of innovative programs, education for healthcare professionals and public policy changes to improve the oral health care delivery system.

# Letters of Support

## Message from the San Bernardino County Local Oral Health Program Advisory Committee

The San Bernardino County LOHP Advisory Committee is pleased to present the first-ever Strategic Plan for Oral Health 2019-2024 for San Bernardino County. This plan is a result of several months of hard work and perseverance by our County's partners and stakeholders. It is our hope that you will find value in this initiative and that our concerted efforts over the next five years will support and improve the oral health of San Bernardino County, especially its most vulnerable and underserved populations.

Oral health is an essential component of overall health throughout life and is about more than just healthy teeth. Oral health encompasses the entire mouth and jaws and is recognized as affecting the entire body. This was addressed in the 2000 report of the U.S. Surgeon General Oral Health in America, in which oral health was described as a "silent epidemic" among the nation's most vulnerable populations, especially poor children, the elderly and racial and ethnic minorities. More recently, oral health promotion and disease prevention efforts were included in the Healthy People 2020 initiative that addresses nationwide health-promotion goals set by the U.S. Department of Health and Human Services.

San Bernardino County was one of the proud recipients of funding from the California Department of Public Health to establish a LOHP and support implementation of the California Oral Health Plan. Since receiving this funding, several partners have swiftly convened to support the establishment of the LOHP and development of this strategic plan.

The LOHP Advisory Committee, a diverse and open group of stakeholders with a commitment to supporting oral health efforts in the County and promote optimal oral health for all, was established in February 2018. A great deal of thought went into the composition of the Advisory Committee so that a wide variety of stakeholders, population groups, underserved communities and professions could be represented. As noted above, oral health care is inadequate and often absent, particularly among vulnerable and high-risk populations and San Bernardino County is no exception. Hence, throughout the strategic planning process, the Advisory Committee strove to ensure all population groups and organizations were represented and felt invited and heard. Our committee includes representatives from various entities such as Primary Care Clinics (safety-net clinics), hospital systems, non-profit dental providers, local dental societies, community-based organizations, several Department of Public Health programs, dental schools and colleges, regional partners from neighboring counties and regional center and local associations. A full list of Advisory Committee members, to-date, can be found in the appendix. All our members have displayed unwavering commitment, engagement and support throughout the needs assessment and planning process.

Since its inception in February 2018, the Advisory Committee has convened monthly to discuss issues of mutual interest and to support and guide the oral health needs assessment and the development of the Strategic Plan for Oral Health. We engaged closely with the LOHP and the project consultants to inform the methodology, interpretation and synthesis of the needs assessment between March and December 2018. Based on the findings of the needs assessment, between October 2018 and February 2019, several additional partners were engaged through four community convenings across the county and ten workgroup meetings to identify goals, strategies and objectives for this strategic plan.

Actualizing this Strategic Plan for Oral Health has been a multi-faceted and highly demanding task that would not have been possible without the ongoing support of several entities. Our special thanks are given to the California Department of Public Health, Office of Oral Health; the San Bernardino County Board of Supervisors; the SBC-DPH leadership; First 5 San Bernardino; the Center for Oral Health and its affiliate the Oral Health Action Coalition of Inland Empire; our safety-net clinics and dental providers; universities, hospital systems and community-based organizations who have all contributed greatly to this effort. Building and maintaining good working relationships among all stakeholders is critical to the task of improving oral health and allowing such improvements to be sustainable over the long term.

As you will see in the pages that follow, there is a lot of work to be done in the next few years to accomplish these goals and build sustainable programs and systems that will benefit the community well into the future. The success of these efforts will depend significantly on the development and ongoing commitment of strong partnerships across all sectors of health and social services in the county. The member organizations in the Advisory Committee are committed to supporting each other, the newly established LOHP and other community stakeholders over the next five years to collectively implement this plan to make our vision for oral health in San Bernardino County a reality.





# Message from the Director of Public Health for San Bernardino County

On behalf of the San Bernardino County Department of Public Health, I would like to congratulate all of those involved in the development of the San Bernardino County Strategic Plan for Oral Health 2019-2024. This oral health plan is the first of its kind for our county and officially marks the beginning of a unified commitment to improving the oral health of our community. The development of this community roadmap would not have been possible without the efforts of all involved: our San Bernardino County Board of Supervisors, the leaders of the various programs within our department, our expert consultants from Western University and the Center for Oral Health and the dedicated community stakeholders and residents who provided their input and real-world guidance.

As is stated and supported throughout this plan, good oral health is vital to an individual's overall health and well-being. Poor oral health not only affects a person's physical health, but it also impacts a person's ability to smile and feel confident, to eat nutritious foods, to concentrate in class and attend school and to obtain employment. It is because of this overall impact on our community that our department supports this oral health strategic plan and will ensure oral health aspects are included in other, countywide efforts that work to achieve the overall department mission of:

*Working in partnership to promote and improve health, wellness, safety and quality of life in San Bernardino County.*

Part of the efforts already underway include newly incorporated dental clinics in three of the department's Federally Qualified Health Centers and new policies related to service integration to break down the silos of primary care and oral health. In addition, the department is dedicated to fostering efficiencies through partnerships between the oral health program and other programs in the department such as the Nutrition program; the Women, Infants and Children (WIC) program; Family Health Services; Black Infant Health; Maternal Child and Adolescent Health and Healthy Communities.

It is through partnerships, within our department and across all service sectors in the community, that we will see the vision of optimal oral health become a reality for everyone residing in San Bernardino County. I support this vision and encourage all of our community partners to continue to work with us and together towards these common goals.



Trudy Raymundo  
Director of Public Health

# Executive Summary

## Introduction and Background

Oral health is an integral part of an individual's overall health and well-being. Poor oral health can affect individuals at all life stages, from infancy to older adulthood. While dental disease is largely preventable and treatable, several population groups including children from low-income families, older adults (age 65 and older), racial and ethnic minorities, low-income pregnant women, people with special health care needs and people living in rural or remote communities struggle to gain access to quality dental care. Untreated tooth decay (dental caries) and periodontal diseases lead to unnecessary pain, infection and tooth loss. They also contribute to poor quality of life, poor health outcomes and share common risk factors with other medical conditions such as diabetes, heart disease and poor reproductive/birth outcomes. Improving access to dental care and preventing dental diseases are also Healthy People 2020 goals.

Over a period of ten months, with funding from the California Department of Public Health and SBC-DPH, partners, stakeholders and community members in San Bernardino County undertook the completion of an oral health needs assessment and development of the first Strategic Plan for Oral Health 2019-2024.

This strategic plan builds on the expertise of stakeholders across the county and takes into consideration existing programs, policies, best practices and environmental factors. Through coordination and expansion of strategies that increase accessibility and utilization of oral health services, increased awareness of the importance of oral health as part of overall health, a stronger oral health workforce and quality data and surveillance, this plan provides a comprehensive roadmap for improving the oral health of all San Bernardino County communities.

## Key Findings of the San Bernardino County Needs Assessment

- Dental disease is prevalent in San Bernardino County's children.** More than 30% of the high-risk children ages 0–5 years suffer from untreated tooth decay. Several children ages 0–18 years use the emergency department for non-traumatic dental conditions, with the rate of visits being highest among 6–9 year old children.
- Rate of utilization of services by Medi-Cal eligible children is lower than California average.** While there has been a steady increase in the percentage of children ages 0-20 years who visit the dentist at least once a year or receive preventive dental services, more than half the children did not have a dental visit in 2017.
- Rate of utilization of any dental service by adults is comparable to California average.** Medi-Cal eligible adults in San Bernardino County utilize preventive dental services at a higher rate (nearly double) than the California average.
- Pregnant women in San Bernardino utilize dental services during pregnancy** at a significantly lower rate (33%) than the California average (43%). Younger women, those with lower family incomes and education attainment and those insured by Medi-Cal have lower than average rate of use of dental services during pregnancy.
- Older adults ages 65 years and above have unique oral health care needs** and more than 40% of older adults surveyed in a convenience sample reported not visiting the dentist in over 12 months. Statewide data shows that older adults, especially those residing in skilled nursing homes, have a significant level of unmet dental needs.
- While San Bernardino County has several professionally active dental providers,** there is a significant need to build capacity for an increase in pediatric dentists and for them to service younger children 0-3 years old, children and adults with intellectual and developmental disabilities (I/DDs) and accept Medi-Cal.
- San Bernardino County has several strong programs, providers and organizations** who are very engaged and committed to improving population oral health. The County is also one of few that works closely with surrounding counties, implements projects in consortia, has a regional oral health coalition and focuses on collaboration for collective impact.

## Countywide Vision

We envision a county where all individuals have equal opportunities and resources to achieve and maintain optimal oral health. To learn more about the Countywide Vision, visit [www.sbcounty.gov/vision](http://www.sbcounty.gov/vision).

### Focus Areas, Goals and Highlighted Strategies



#### Access to Oral Health Care

**Goal:** Increase the availability, accessibility and utilization of oral health services across San Bernardino County.

**Highlighted Strategy:** Sustain and expand initiatives that support school-based and/or school-linked dental programs for K-12 students.



#### Integration of Services (Medical, Dental and Other)

**Goal:** Empower service providers to improve the overall health and well-being of individuals through integrated approaches to care.

**Highlighted Strategy:** Promote and advocate for the integration of oral health guidance into pre-conception, pregnancy and post-partum care.



#### Oral Health Knowledge, Education and Public Awareness

**Goal:** Empower individuals and communities across San Bernardino County with information in order to take action to improve and maintain their oral health.

**Highlighted Strategy:** Develop and implement a comprehensive, multi-faceted, participatory and countywide public awareness campaign on oral health.



#### Coordination of Countywide Efforts

**Goal:** Promote partnerships and collective efforts to optimize resources and achieve sustained improvements for oral health.

**Highlighted Strategy:** Engage and educate policy decision makers at all levels to garner and maintain support for regional oral health efforts.



#### Oral Health Workforce

**Goal:** Expand and strengthen the workforce to meet the varied oral health care needs of San Bernardino County.

**Highlighted Strategy:** Facilitate a stronger, more connected network of dental providers to promote collaboration and peer-to-peer learning.



#### Surveillance, Measurement and Evaluation

**Goal:** Implement a comprehensive data collection, analysis and reporting system to support countywide oral health efforts.

**Highlighted Strategy:** Develop and implement a countywide surveillance system for ongoing monitoring of oral health in the County.

## Background

Oral health is an integral part of an individual's overall health and well-being. Poor oral health can affect individuals at all life stages, from infancy to older adulthood. While dental disease is largely preventable and treatable, several population groups including children from low-income families, older adults (ages 65 and older), racial and ethnic minorities, low-income pregnant women, people with special health care needs and people living in rural or remote communities struggle to gain access to quality dental care. Untreated tooth decay (dental caries) and periodontal diseases lead to unnecessary pain, infection and tooth loss. They also contribute to poor quality of life, poor health outcomes and share common risk factors with other medical conditions such as diabetes, heart disease and poor reproductive/birth outcomes. Improving access to dental care and preventing dental diseases are also Healthy People 2020 goals.

The California Oral Health Plan 2018-2028 was published in early 2018 under the leadership of the State Dental Director and the Office of Oral Health of the California Department of Public Health. This plan is a 10-year framework for addressing oral health disparities in local communities and statewide and is built to align with the four focus areas of the California Wellness Plan: healthy communities; optimal health systems linked with community prevention; accessible and usable health information; and prevention sustainability and capacity. The program is funded by tax dollars generated as a result of passage of the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56 Tobacco Tax).

In January 2018, with funding from the California Department of Public Health and guided by the California Oral Health Plan, a LOHP was established within the San Bernardino County Department of Public Health (SBC-DPH). The LOHP was tasked to conduct a comprehensive oral health needs assessment and engage stakeholders to develop an oral health strategic plan. To facilitate this process, the LOHP hired the Center for Oral Health (COH), a non-profit organization with a mission to improve oral health, especially of vulnerable populations. The LOHP in collaboration with COH, then established the LOHP Advisory Committee (AC) that is comprised of individuals representing various sectors in the county: universities and dental schools, community-based organizations, SBC-DPH leadership, other public health and social support programs, community clinics, individual dental and medical providers, hospital systems and managed care plans, among several others. This committee has been instrumental in ensuring the needs assessment was conducted in a stakeholder-driven and community-participatory manner and provided input during every step of the process.

This strategic plan builds on the expertise of stakeholders across the county and takes into consideration existing programs, policies, best practices and environmental factors. Through coordination and expansion of strategies that increase accessibility and utilization of oral health services, increased awareness of the importance of oral health as part of overall health, a stronger oral health workforce and quality data and surveillance, this plan provides a comprehensive roadmap for improving the oral health of all San Bernardino County communities.



# Conceptual Framework

This plan has been shaped by several key strategic frameworks and public health concepts including Frieden’s Health Impact Pyramid Framework for Public Health Action<sup>1</sup>, Healthy People 2020 and key national reports like the Institute of Medicine (IOM) report—Advancing Oral Health in America<sup>2</sup> and the Department of Health and Human Services’ Strategic Oral Health Framework for 2014–17<sup>3</sup>. The plan has also been guided by the California Oral Health Plan 2018–2028<sup>4</sup>. Every effort has been made to maintain alignment with the California Oral Health Plan and other ongoing/ planned initiatives or programs in San Bernardino County like the Countywide Vision, Department of Public Health Strategic Plan 2015-2020, Community Vital Signs 2017–2020, Oral Health Action Coalition of Inland Empire Logic Model and First 5 San Bernardino Strategic Plan 2017–2020.

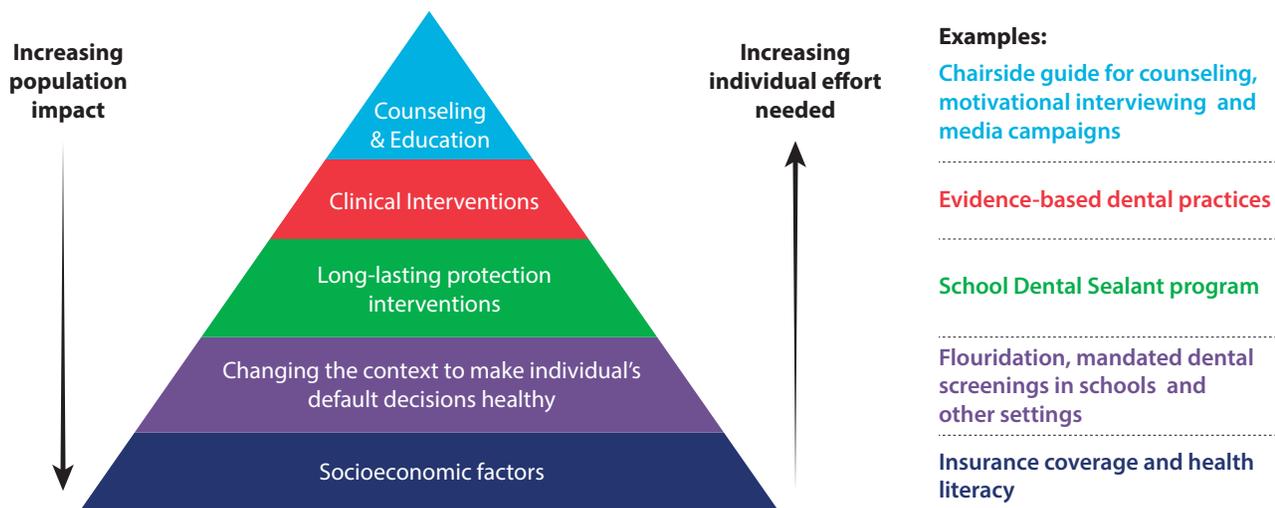
The Health Impact Pyramid provides an effective framework to improve public health. The 5-tier pyramid describes different levels of impact resulting from different types of public health interventions. The base of the pyramid is represented by interventions that address social determinants of health and have the potential for greatest impact. In ascending order are interventions that need higher individual effort and have lower potential for population-wide impact.

This framework emphasizes that:

1. Implementing interventions on lower levels of the pyramid tends to be highly effective in achieving population-wide improvements.
2. Synergistic action at each of the levels of the pyramid can achieve the highest possible public health impact.

In the context of oral health, the figure below provides examples of interventions at each level of this Impact Pyramid.

**Figure 1: Frieden’s Health Impact Pyramid**



This plan aims to maintain a strong focus on interventions at the base of the pyramid while ensuring strong efforts are being made to impact higher levels of the pyramid to ultimately build a responsive and sustainable system of oral health care in San Bernardino County.

1. Frieden TR. A Framework for Public Health Action: The Health Impact Pyramid. American Journal of Public Health. 2010;100(4):590-595. doi:10.2105/AJPH.2009.185652.  
 2. Institute of Medicine. Advancing Oral Health in America. Washington, D.C.: IOM, 2011.  
 3. U.S. Department of Health and Human Services Oral Health Coordinating Committee. U.S. Department of Health and Human Services Oral Health Strategic Framework, 2014–2017. Public Health Reports. 2016; 131(March–April):242–256.  
 4. California Department of Public Health. California Oral Health Plan 2018-2028; January 2018.

# Best Practices and Evidence-Based Practices for Dental Public Health

The following best practices are known to support optimal oral health for communities.

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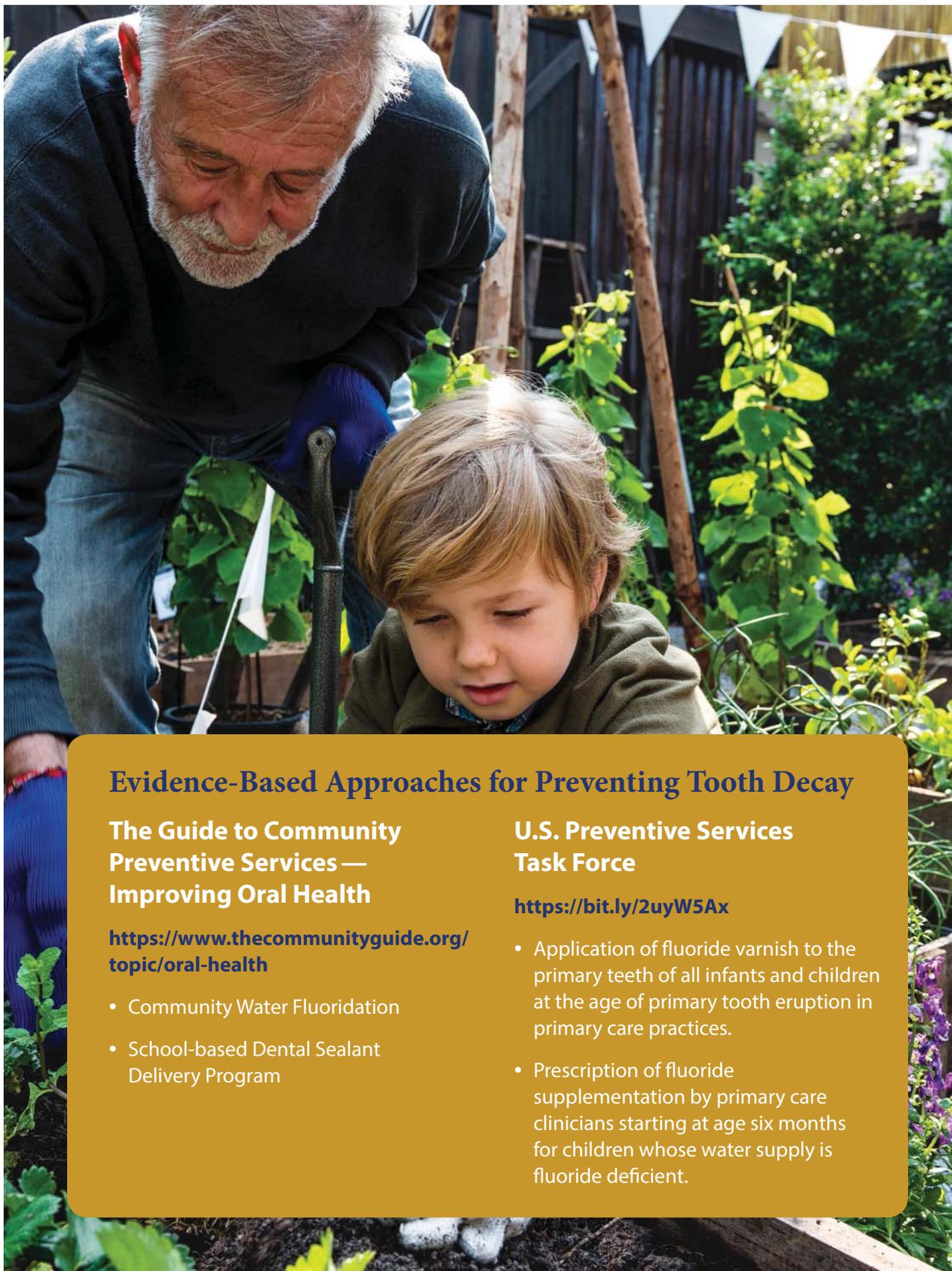
## Sources:

**Association of State and Territorial Dental Directors (ASTDD) — Best Practice Approach Reports**  
<https://www.astdd.org/best-practice-approach-reports/>

**American Dental Association — Evidence-Based Dentistry**  
<https://ebd.ada.org/en>

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- **Addressing social determinants of health and addressing disparities:** Like all other public health issues, social determinants of health play a significant role in oral health outcomes. Addressing these determinants is critical to achieving optimal oral health for communities and eliminating disparities.
- **Ensure timely access to age-appropriate preventive services:** Delivery of age-appropriate preventive services that help prevent tooth decay and other dental diseases is key.
- **Care coordination and support navigating the oral health care system:** Supporting establishment of a dental home through care coordination and promoting timely linkage to appropriate care can help individuals and families maintain optimal oral health.
- **Increasing oral health literacy and promoting health behaviors:** Increasing access to culturally and linguistically appropriate oral health information can empower individuals and families to maintain good oral health, make healthy choices and access services in a timely manner. Healthy behaviors for good oral health include but are not limited to:
  - Maintaining oral hygiene by brushing and flossing twice daily with a fluoridated tooth paste.
  - Cleaning a baby’s gums starting at birth and brushing their teeth as soon as they emerge.
  - Establishing a dental home by age one and continuing regular dental visits.
  - Visiting a dentist annually (even if one does not have pain and/or dental problems) for routine check-ups and early detection and treatment of dental disease and continuing visits during pregnancy.
  - Limiting sugary foods and sugar-sweetened beverages and consume healthy foods.
- **Innovation in location of dental service delivery:** Co-location of medical, dental and other services as well as bringing services to where individuals congregate can help overcome barriers like transportation faced predominantly by vulnerable populations.
- **Integration of oral health and primary care:** Integration of oral health and primary care services not only embraces concepts of ‘whole person’ care but also reinforces effective oral health interventions.



## Evidence-Based Approaches for Preventing Tooth Decay

### The Guide to Community Preventive Services — Improving Oral Health

<https://www.thecommunityguide.org/topic/oral-health>

- Community Water Fluoridation
- School-based Dental Sealant Delivery Program

### U.S. Preventive Services Task Force

<https://bit.ly/2uyW5Ax>

- Application of fluoride varnish to the primary teeth of all infants and children at the age of primary tooth eruption in primary care practices.
- Prescription of fluoride supplementation by primary care clinicians starting at age six months for children whose water supply is fluoride deficient.

# Strategic Planning Methodology

A systematic, data-driven and stakeholder-informed approach to strategic planning was adopted. This plan is a reflection of a year-long process that involved convening community members, partners and subject-matter experts, collecting and synthesizing oral health data and developing and streamlining strategies and objectives for oral health action in San Bernardino County.

The following methodology was used to develop this plan.



**California Oral Health Plan Released**

**January 2018**



**Local Oral Health Program Advisory Committee Established**

**February 2018**



**Monthly Advisory Committee Meetings**

Plan and Review Needs Assessment Methodology, Process and Progress; Develop Foundational Principles and Plan Community Convenings

**April–September 2018**



**San Bernardino County Department of Public Health Leadership Meeting**

Review Community Convening Methodology

**September 2018**

**January 2018**

**San Bernardino County Local Oral Health Program Established**



**March 2018**

**First Advisory Committee Meeting**



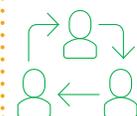
**February–October 2018**

**Oral Health Needs Assessment Conducted**



**November 2018–February 2019**

**Additional Data Collected for Needs Assessment Based on Community Input**





**Community Convenings Organized**

**5<sup>th</sup> District—Oct. 17**

Keynote Address by Supervisor **Josie Gonzales**

**1<sup>st</sup> District—Oct. 31**

Keynote Address by Supervisor **Robert A. Lovingood**

**2<sup>nd</sup> District—Nov. 5**

Keynote Address by Supervisor **Janice Rutherford**

**3<sup>rd</sup> District—Nov. 20**

Key Note Address by District Field Representative **Mark Lundquist**

**October–November 2018**



**San Bernardino County Department of Public Health Leadership Meeting**

Review Draft Focus Areas, Goals and Strategies

**December 2018**



**Four Work Group Meetings**

Develop Objectives and Refine all Strategic Plan Elements

**January–March 2019**



**Strategic Plan and Needs Assessment Drafted and Reviewed**

**April–May 2019**

**December 2018**

**Six Work Group Meetings—One for Each Focus Area**

Streamline Strategies and Develop Goals for Each Focus Area



**March–May 2019**

**Monthly Advisory Committee Meetings**

Review Elements of the Strategic Plan and Needs Assessment; Develop Implementation Strategies



**June 2019**

**Strategic Plan and Needs Assessment Published**



## Local Oral Health Program and Advisory Committee Established

In January 2018, with funding from the California Department of Public Health, the LOHP was established within the SBC-DPH. Under the leadership of the LOHP, the AC was established, convening a diverse group of partners from across the county and Inland Empire region. The partners’ commitment to the work of the LOHP was formalized with letters of commitment and clearly outlined roles and responsibilities. The AC is comprised of individuals representing various sectors in the county: universities and dental schools, community-based organizations, SBC-DPH leadership, other public health and social support programs, community clinics, individual dental and medical providers, hospital systems and managed care plans, among several others. This group has also been closely integrated into the regional oral health coalition — Oral Health Action Coalition of Inland Empire (OHAC-IE) which includes oral health partners from San Bernardino and Riverside Counties.

The AC met monthly to design and advise the oral health needs assessment process, support data collection and interpretation, identify oral health assets, investments and gaps in resources and finally, to review the oral health needs assessment (NA).

The committee members each completed a self-assessment that included their motivation for participating in the AC, the expertise they would bring to the group, their recommendations for the needs assessment and the data support (both primary and secondary) that they or their organizations could provide for the needs assessment.

Foundational principles, which serve as guideposts for development and implementation of this strategic plan, were also established and agreed upon during the first few meetings of the AC (see page 16).

## Oral Health Needs Assessment Completed

A comprehensive oral health needs assessment was conducted between March and November 2018. The needs assessment was guided by the following methods and systems:

1. Association of State and Territorial Dental Director; 7-Step Methodology for Community Oral Health Needs Assessment.
2. California Office of Oral Health: Status of Oral Health in California Report
3. Healthy People 2020
4. National Oral Health Surveillance System, Centers for Disease Control and Prevention.



A comprehensive list of population groups, indicators and core needs assessment questions were developed in consultation with the AC. Secondary data were accessed, primary quantitative data were collected as feasible and primary qualitative data in the form of key-informant interviews and focus groups were collected. Data was analyzed and synthesized using appropriate software and methodology, presented to the AC for review and interpreted for accuracy and relevance.

Indicators and population groups for the needs assessment were prioritized based on the following criteria:

1. Availability of data and feasibility of collection of data in the given time frame.
2. Interpretative strength of the data and type of measure-process, outcome or impact.
3. Availability of data and feasibility of collection of data to review trends/change over years in said indicator.
4. Potential for implementation of up-stream measures of disease prevention.
5. Potential for widespread impact on said population group or indicator that is in the control (keeping funding and policy shortcomings in mind).

## Community Members, County Leadership and Partners Convened

With support and guidance from the San Bernardino County Board of Supervisors, SBC-DPH leadership and the AC, four community convenings were conducted across the county. At each of these community convenings, a keynote address by a member or staff of the Board of Supervisors was provided, followed by background on the oral health needs of the county, the programs already available in the county and this new initiative were presented. Following a set of presentations, with support from a professional organizational expert and facilitator, attendees developed elements of San Bernardino County's vision for oral health over the next ten years. Following the visioning exercise, attendees gathered into four to six smaller groups to set goals and identify strategies for improving the oral health of San Bernardino County.

During the community convenings, several new partnerships were established, many non-oral health experts learned about the importance of oral health and needs in the county and attendees shared a strong commitment to the implementation of the strategic plan.

## Goals and Strategies Streamlined and Objectives Developed in Workgroups

The four community convenings resulted in the development of several innovative strategies to address the oral health needs of the county's diverse populations. Through participation in ten facilitated workgroups between December 2018 and February 2019, partners streamlined, prioritized and focused all of the material from the community convenings into focus areas, goals, strategies and objectives. Workgroup participants included SBC-DPH leadership, key staff from SBC-DPH, subject-matter experts and several other community partners.

# Assessment of Oral Health Needs in San Bernardino County—A Summary

- Dental disease is prevalent in San Bernardino County’s children.** More than **30% of the low-income children ages 0–5 years** (as defined by enrollment in Head Start programs) suffer from untreated tooth decay. Several children ages 0–18 years use the emergency department for non-traumatic dental conditions, with the rate of visits being highest among 6–9 year old children.
- While data on utilization of dental services by the general population is scarce (identified as a data gap), utilization of services by Medi-Cal eligible children is lower than the California average.** In San Bernardino County, while there has been a steady increase over the last four years in the percentage of children ages 0–20 years who visit the dentist at least once a year or receive preventive dental services, more than half the children did not have a dental visit in 2016. **Rate of utilization of any dental service by children 0–20 years of age was 43.3% in 2015, 43.1% in 2016 and 45.1% in 2017** (calendar year).
- Rate of utilization of an annual dental service by Medi-Cal eligible adults** in San Bernardino County (**17.0%**) was lower than the California average (**21.5%**) in 2017. Medi-Cal eligible adults in San Bernardino County utilize preventive dental services at a rate similar to the California average (**12.4%** compared to **11.9%** in San Bernardino County).
- Pregnant women in San Bernardino County utilize dental services during pregnancy at a significantly lower rate (33.2%) than the California average (43.0%).** Younger women, those with lower family incomes and education attainment and those insured by Medi-Cal have lower than average rate of use of dental services during pregnancy.
- Older adults ages 65 and above have unique oral health care needs and more than 40% of older adults surveyed** in a convenience sample reported not visiting the dentist in over 12 months. Statewide data shows that older adults, especially those residing in skilled nursing homes have a significant level of unmet dental needs. The key barrier faced by older adults to accessing timely and needed dental care is the inability to pay or lack of appropriate insurance coverage.
- While key informants (e.g. service providers and public health care providers) reported that lack of awareness and knowledge were driving the community’s poor oral health,** focus group participants (community members) reported otherwise. Several **focus group participants** reported that they were aware of the recommended oral hygiene routines, knew they should visit a dentist annually and understood the connection between oral and overall health. However, oral health was not a priority for many who had other, more pressing issues to deal with, including social determinants like employment and poverty.





- **The knowledge gaps that were reported by focus group participants pertained to more specific oral health recommendations, including:** A child's first visit should be by his/her first birthday or when the first tooth comes, whichever happens first.
  - Several preventive oral health services can be safely provided in schools and community settings.
  - Medi-Cal insurance comes with coverage for dental care (Denti-Cal).
  - It is safe and important to have a dental cleaning and assessment at least once during pregnancy.
  - A primary care clinician can perform a caries risk assessment, apply fluoride varnish and prescribe fluoride supplementation if needed for children during their well-child visits.
- **Qualitative data collected during focus group discussions also revealed the need for:** A unified message on the importance of oral health and the preventive nature of most dental diseases.
  - Better, more accessible and periodically updated oral health resources for various populations.
  - A simple, user-friendly and easily-accessible referral system for dental care.
  - Guides for advocating for one's own or a family members' oral health, especially for individuals with I/DDs and older adults.
- **While San Bernardino County has several professionally active dental providers,** there is a significant need to build capacity for an increase in pediatric dentists and for them to service younger children 0-3 years old, serve children and adults with I/DDs and accept Medi-Cal.
- **Nearly 30% of all public schools with grades K-6 reported having an oral health program serving their students.** Of these, **69%** of schools reported that their oral health program included delivery of preventive services which may include dental sealant application for eligible students.
- **There is great potential for better integration of dental services into medical, social and community services.** Poor integration of dental and medical care or social services and a siloed approach to dental service delivery was noted as a barrier by several key informants and focus group participants.
- **San Bernardino County has several strong programs, providers and organizations who are very engaged and committed to improving population oral health.** The County is also one of few that works closely with surrounding counties, implemented projects in consortia, has a regional oral health coalition and focuses on collaboration for collective impact.

## Foundational Principles

The AC and community stakeholders, through a facilitated process, developed the following set of principles as guideposts to evaluate the relevance and appropriateness of all elements of this plan. All of these principles apply to each strategy even though they are not spelled out in each strategy and objective.

### The San Bernardino County Strategic Plan for Oral Health will:

1. Be evidence-based and/or evidence-informed; aligned with established best practices (key reports and frameworks).
2. Be driven and informed by subject-matter experts, service providers and key stakeholders.
3. Be informed by community needs and participatory input from members of the community at all stages.
4. Align with concepts of collective impact and leadership:
  - Common agenda
  - Shared measurement practices (includes evaluation)
  - Mutually reinforcing activities
  - Continuous communication
  - Ongoing guidance from the AC
5. Align closely with and be informed by the California State Oral Health Plan.
6. Focus on ensuring programs and initiatives are driven by sustainability.
7. Be interprofessional and collaborative — address common risk factors.
8. Focus on prevention, but not to exclusion of treatment needs.
9. Be culturally and linguistically sensitive and competent.
10. Address socio-demographic determinants across the board.
11. Inform with public policy and foster systems-level change which will be tracked and addressed across all areas of the plan.
12. Address unique needs of underserved and vulnerable populations.

## Vision

We envision a county where all individuals have equal opportunities and resources to achieve and maintain optimal oral health.

## Focus Areas

The goals, strategies and objectives of the strategic plan have been organized by specific areas of focus, all of which, together, will result in the improvement of San Bernardino County's oral health system of care over the next five years.



### Access to Oral Health Care

This focus area includes strategies that will address several barriers faced by individuals and communities in accessing oral health care. The goal is to make oral health services readily available to underserved populations, minimize known barriers faced by communities in accessing these services and, resultantly, increase utilization of said services (especially preventive services). Existing resources and infrastructure will be optimized to ensure sustainable improvements are made to increase access to oral health care. Partnerships between dental providers, safety-net clinics, educational institutions, schools and community-based organizations will be leveraged to expand delivery of oral health services, hence, improving oral health outcomes across the lifespan. These partnerships will include expansion of current systems that bring oral health services into settings frequented by underserved populations and innovative strategies such as development of a countywide oral health referral system.



### Oral Health Knowledge, Education and Public Awareness

The goal for this focus area is to improve oral health, by not just equipping individuals with accurate oral health knowledge; but also by providing tools to access services in a timely manner, advocate for themselves and their communities and increase oral health literacy. Strategies include the implementation of a comprehensive public awareness campaign, development of standardized and accurate oral health educational materials/tools and other innovative approaches to promote oral health in San Bernardino County. Through targeted oral health messaging that is culturally and linguistically competent, individuals in San Bernardino County will be empowered to achieve optimal oral health.



### Oral Health Workforce

San Bernardino County, like many other counties in California, has a shortage of dental providers who serve low-income and uninsured populations, Medi-Cal-eligibles, individuals with I/DDs, 0-3 year old children and older adults. San Bernardino County also has several rural and remote communities which are not adequately equipped with dental care services and providers. Efforts will be made in this focus area to develop resources and support the county's dental workforce in serving its diverse population. Strategies also include leveraging existing resources like loan repayment programs and health workforce pipelines to improve oral health care systems. Opportunities to collaborate with educational institutions to support, expand and diversify the county's oral health workforce will also be explored.



### **Integration of Services (Medical, Dental and Other)**

To improve oral health, it is critical that oral health systems and other medical and social service support systems are not siloed. The aim of this focus area is the integration of oral health education, clinical (mainly preventive) services and referrals into medical/primary care, social services and other systems and vice-versa through collaboration. Dental services will be integrated into primary care settings (e.g. well-child and prenatal visits) and non-dental health care providers and staff will be trained on the basics of oral health and provided resources to make referrals. Dental providers, on the other hand, will be trained and supported to incorporate tobacco counseling and referrals and other protective health behaviors into their patient visits.



### **Coordination of Countywide Efforts**

Several state and federal policies and systems will strongly influence oral health care in San Bernardino County. Advocating for favorable policies for the most vulnerable communities through coordination of efforts will help sustain and institutionalize the impact of strategies outlined in this plan. Developing infrastructure to coordinate and communicate progress and identify and promote best practices during implementation is also critical. Finally, impact on oral health systems will be maximized through collaboration, not just with partners in San Bernardino County, but also across the Inland Empire and other neighboring counties.



### **Surveillance, Measurement and Evaluation**

To inform this strategic planning process, a comprehensive needs assessment was conducted to assess the oral health care needs of San Bernardino County and to establish a baseline from which to measure progress. Data collection will continue during implementation of this plan. Regular and systematic data collection and evaluation is integral to understanding progress made over time and to assess new gaps/barriers to care. This will also help determine effectiveness of programs, inform the need for modifications and help determine if new strategies and initiatives should be developed to achieve optimal oral health for San Bernardino County.



# Goals, Strategies and Objectives



## Access to Oral Health Care

### Goal

Increase the availability, accessibility and utilization of oral health services across San Bernardino County.

### Strategies

1. Evaluate and address known barriers faced by individuals and communities to accessing timely and quality oral health care.
  - 1.1 Establish a centralized, user-friendly and modular oral health referral system, by June 30, 2024.
  - 1.2 Support use and dissemination of the referral system by at least 12 existing and new county programs to their respective clients, by June 30, 2024.
  - 1.3 Increase the use of existing transportation support services for utilizing dental care by Medi-Cal eligible individuals by 5%, by June 30, 2024.
2. Support innovative and alternative approaches that provide clinical dental services within the community to increase points of access.
  - 2.1 Implement and evaluate the Local Dental Pilot Project of Inland Empire (LDPP-IE), by June 20, 2020.
  - 2.2 Based on evaluation of the LDPP-IE project, conduct a feasibility analysis of sustained implementation and expansion of the LDPP-IE in San Bernardino County, by June 30, 2024.
  - 2.3 Increase the number of individuals who receive clinical dental services within the community at non-traditional dental settings like mobile dental vans, virtual dental homes, etc. by 1% annually, by June 30, 2024.
3. Sustain and expand initiatives that support school-based and/or school-linked dental programs for K-12 students.
  - 3.1 Increase the number of schools (with at least 60% average free/reduced price lunch program participation) with school-based or school-linked oral health programs (screening, risk assessment, fluoride varnish application, fluoride supplementations as needed, dental sealant placement, treatment and care coordination) by 10%, by June 30, 2024.
  - 3.2 Through the promotion of services and oral health education, increase to 30%, the percent of all eligible elementary school students in Title 1 schools who consent to and receive oral health services through school-based/school-linked programs annually, by June 30, 2024.
  - 3.3 Increase the percent of Kindergarten Oral Health Assessments completed and reported by students in Title 1 schools by 20%, by June 30, 2024.
4. Maintain and expand efforts to increase access to preventive services, education and care coordination for 0–5 year old children.
  - 4.1 Provide prevention, education and care coordination services at all Head Start and Early Head Start sites and State Preschools annually, by June 30, 2024.
  - 4.2 Provide and sustain prevention, education and care coordination services to 0–5 year old children at five new early education (non-Head Start, Early Head Start and State Preschool sites — see Objective 4.1) and community sites like Women, Infants and Children (WIC) clinics and Family Resource Centers (FRCs) annually, by June 30, 2024.

5. Sustain and enhance initiatives that address unique oral health care needs of pregnant women, older adults and individuals with I/DDs.
  - 5.1 Through technical assistance, training and partnerships, support at least three agencies, organizations, or programs that serve pregnant teens and women (e.g., WIC, Early Head Start, etc.) to increase the total number of pregnant teens and women who are referred to a dentist and utilize dental services by 5% and 2% respectively, by June 30, 2024.
  - 5.2 Partner with, support and guide agencies and organizations that serve individuals with I/DDs, to increase utilization of dental preventative and treatment services by 3%, by June 30, 2024.
  - 5.3 Partner with, support and guide clinical dental service providers to increase the number of older adults (65 years and older) residing in skilled nursing homes who receive a treatment service for ongoing dental problems by 3%, by June 30, 2024.



# Oral Health Knowledge, Education and Public Awareness



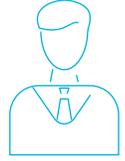
## Goal

Empower individuals and communities across San Bernardino County with information in order to take action to improve and maintain their oral health.

## Strategies

1. Develop and implement a comprehensive, multi-faceted, participatory and countywide public awareness campaign on oral health.
  - 1.1 Develop, test, implement and annually update a data-informed public awareness campaign, by June 30, 2024.
2. Leverage active community-based programs and initiatives to incorporate and disseminate oral health messages.
  - 2.1 Increase the oral health knowledge of at least 500 unique clients of ongoing community programs (e.g. public health programs, health fairs etc.) per year, through implementation of population-specific education modules, by June 30, 2024.
  - 2.2 Incorporate specific messages on availability, importance and benefits of consumption of fluoridated water to community members annually, by June 30, 2024.
3. Develop and disseminate standardized educational resources on oral health.
  - 3.1 Establish an oral health education subcommittee of the AC that meets once per quarter to inventory, develop and update education modules, by June 30, 2024.
  - 3.2 Create an inventory of available oral health education tools and campaigns for various population groups that is updated annually, by June 2020.
  - 3.3 Create and annually update at least one print and/or digital oral health education tool for each of the following population groups: teenagers and young adults, pregnant women, older adults and individuals with I/DDs, by June 30, 2024.
  - 3.4 Develop, test and publish an oral health advocacy guide (examples of topics — accessing care and de-sensitization) and inventory of education resources for children and adults with I/DDs, by June 30, 2024.
4. Identify and train a core network of community members to serve as oral health champions.
  - 4.1 Identify and train at least two new community champions for oral health each year within each of the following groups: parents of children in public schools, parents of children with I/DDs, pregnant women, homeless adults and families and older adults, by June 30, 2024.

## Oral Health Workforce



### Goal

Expand and strengthen the workforce to meet the varied oral health care needs of San Bernardino County.

### Strategies

1. Expand the Medi-Cal dental workforce in San Bernardino County.
  - 1.1 Increase the percentage of general and specialty dental care providers who accept Medi-Cal from 10% to 20%, by June 30, 2024.
  - 1.2 Increase the number of Medi-Cal dental providers who treat pregnant women and follow American Association of Public Health Dentistry (AAPHD) guidelines for dental care during pregnancy from 68 to 90, by June 30, 2024.
  - 1.3 Increase the number of dental providers who treat children and adults with I/DDs from 3 to 20, by June 30, 2024.
2. Advocate for the expansion of existing and creation of new incentive programs (e.g. loan repayment programs) for dental providers.
  - 2.1 Analyze, document and publish information related to existing loan repayment programs for dentists and dental hygienists in the form of one publication and a fact sheet, by June 30, 2024.
  - 2.2 Through key-informant interviews, engage at least two local or regional educational institutions (i.e. colleges or universities) to assess barriers faced by new and recent graduates in applying for and receiving loan repayment and forgiveness programs, by June 30, 2024.
3. Facilitate a stronger, more connected network of dental providers to promote collaboration and peer-to-peer learning.
  - 3.1 Establish one countywide listserv each for: 1) dentists, 2) dental hygienists and 3) dental assistants, in collaboration with local or regional dental and dental hygiene societies and associations, by June 30, 2024.
  - 3.2 Organize at least two annual trainings for dental professionals focused on dental disease prevention, health literacy in dental settings and medical-dental integration, by June 30, 2024.
  - 3.3 Develop one community of practice each for dental professionals serving: 1) individuals with I/DDs, 2) pregnant women and 3) children through school-based/school-linked oral health programs, by June 30, 2024.
4. Develop and nurture partnerships with workforce pipeline programs to increase students' exposure to various dental professions.
  - 4.1 Integrate at least two workforce pipeline programs operating in San Bernardino County into the AC and the regional oral health coalition to promote dental professions, by June 30, 2024.
  - 4.2 Make at least two presentations annually to workforce pipeline programs to share current information on pursuing dental professions after high school, by June 30, 2024.
5. Partner with post-secondary educational institutions to strengthen the county's oral health workforce.
  - 5.1 Engage at least one dental program and two dental hygiene programs to explore for development of skills among graduating students in caring for individuals with I/DDs and older adults.

## Integration of Services (Medical, Dental and Other)



### Goal

Empower service providers to improve the overall health and well-being of individuals through integrated approaches to care.

### Strategies

1. Increase oral health knowledge of non-dental healthcare providers and staff, through collaboration.
  - 1.1 Develop one online training with a special focus on vulnerable populations (where applicable) to increase oral health knowledge of the following provider groups: primary care providers, residents-in-training, nursing staff and front office staff, by June 30, 2021
  - 1.2 Train at least 40 new primary care providers, 20 new residents-in-training, 55 new nursing staff and 40 new front office staff annually on oral health (see 4.1), by June 30, 2024.
2. Promote and advocate for the integration of oral health guidance into pre-conception, pregnancy and post-partum care.
  - 2.1 Develop, pilot and revise one standardized work flow and implementation toolkit based on American College of Obstetricians and Gynecologists (ACOG) guidelines, to integrate oral health education, risk assessment and referrals into pre-conception, pregnancy and post-partum visits, by June 30, 2021.
  - 2.2 Integrate an oral health component (see 2.1) into 60% of the Women, Infants and Children (WIC) clinics resulting in 40% of their pre-conception, pregnancy and post-partum care clients receiving an oral health instruction and/or referral, by June 30, 2024.
  - 2.3 Integrate an oral health component (see 2.1) into 60% of the Comprehensive Perinatal Services Program (CPSP) certified practices resulting in 40% of their pre-conception, pregnancy and post-partum care clients receiving an oral health instruction and/or referral, by June 30, 2024.
3. Promote and advocate for the integration of oral health guidance and services into well-child visits.
  - 3.1 Increase the number of Children's Health and Disability Prevention (CHDP) provider sites that are applying fluoride varnish and/or prescribing other fluoride supplementation as needed on more than 50% of eligible children 0–5 years of age during well-child visits by 5%, by June 30, 2024.
  - 3.2 Provide one didactic training and at least two web-based trainings to primary care providers and their teams (nurse practitioners, nurses, physician assistants, etc.) annually, on implementation of AAP recommended (evidence-based) dental disease prevention practices for 0–5 year old children during well-child visits, by June 30, 2024.
  - 3.3 Implement standardized workflows to integrate an oral health component (see 2.1) into 40% of the well-child visits at a minimum of 40 non-CHDP primary care offices, by June 30, 2024.
4. Increase engagement of dental providers to promote healthy behaviors among their patients.
  - 4.1 Increase the number of dental providers who have adopted health literacy principles outlined in the 'Oral Health Literacy in Dental Offices Toolkit' developed by the California Office of Oral Health by 3%, by June 30, 2024.
  - 4.2 Increase the number of dental offices implementing tobacco counseling and Rethink Your Drink materials and facilitating referrals for necessary interventional services by 5%, by June 30, 2024.

## Coordination of Countywide Efforts



### Goal

Promote partnerships and collective efforts to optimize resources and achieve sustained improvements for oral health.

### Strategies

1. Engage and educate policy decision makers at all levels to garner and maintain support for regional oral health efforts.
  - 1.1 Organize one oral health convening with defined problem statements, objectives, policy recommendations and calls to action per year for policy decision makers, by June 30, 2024.
  - 1.2 Complete at least one in-person meeting per year with three policy decision makers on the oral health care needs and policies and their impact on health and well-being of San Bernardino County, by June 30, 2020.
  - 1.3 Meet with each of the five county Board of Supervisors once per year to update them on the status of oral health in San Bernardino County, program implementation challenges and the progress made using strategies outlined in the strategic plan, by June 30, 2024.
2. Facilitate collaboration among stakeholders to leverage resources and mobilize action.
  - 2.1 Through the regional oral health coalition, host at least 10 meetings per year to promote information sharing and collective action on various oral health issues impacting the Inland Empire region, by June 30, 2024.
- 2.2 Increase the number of active members (as defined by attendance of at least four meetings annually) who participate in activities of the regional oral health coalition from 32 to 50, by June 30, 2024.
3. Incorporate oral health into all planning efforts for community improvement.
  - 3.1 Partner with at least two hospital systems to implement policies and/or practice guidelines that promote oral health integration and linkages to dental care and include oral health questions in their needs assessments, by June 30, 2024.
  - 3.2 Facilitate inclusion of oral health as one of the health topics assessed in the county's various plans (e.g. Department of Public Health Strategic Plan, Community Vital Signs and healthy community plans for underserved cities), by June 30, 2024.
  - 3.3 Work in collaboration with the Environmental Health Services division of SBDPH and educate two city, local or special water districts annually with the goal of increasing their knowledge and readiness to optimally fluoridated their public water system, by June 30, 2024.



## Surveillance, Measurement and Evaluation



### Goal

Implement a comprehensive data collection, analysis and reporting system to support countywide oral health efforts.

### Strategies

1. Develop and implement a countywide surveillance system for ongoing monitoring of oral health in the county.
  - 1.1 Establish and evaluate annually, a comprehensive, stakeholder-driven countywide oral health surveillance system guided by a surveillance plan for collection, analysis and interpretation of oral health data, by June 30, 2024.
  - 1.2 Conduct a basic screening survey on oral health of kindergarten and third grade children in San Bernardino County's public schools using the Association of State and Territorial Dental Directors (ASTDD) methodology and publish a report of the findings, by December 31, 2019.
2. Develop and implement an evaluation system to assess effectiveness and impact of countywide oral health initiatives.
  - 2.1 Develop and annually update a comprehensive, stakeholder-driven logic model and evaluation plan for the LOHP, by June 30, 2024.
  - 2.2 Develop and annually update an implementation plan for components of the strategic plan that are to be implemented by partners, by December 31, 2024.
  - 2.3 Develop a mechanism to provide technical assistance on approaches to evaluate SBC-DPH and community stakeholder-led oral health related programs, activities and initiatives in the county, by June 30, 2024.
  - 2.4 Conduct a mid-point review of the strategic plan with stakeholders and make updates as needed, by December 31, 2021.
3. Translate data into digestible and effective insights for partners to facilitate better utilization of information for action.
  - 3.1 Develop and maintain an interactive, web-based data-dashboard to share oral health data insights and findings, by June 30, 2024.





## Strategic Plan Performance Measures

1. Reduce the percentage of kindergarten and third grade children who have experienced tooth decay by 3%, by June 30, 2024.
2. Reduce the percentage of kindergarten and third grade children with untreated tooth decay by 5%, by June 30, 2024.
3. Increase the percentage of Medi-Cal eligible children 0–20 years of age, who have received at least one preventive dental service during the past year by 10%, by June 30, 2024.
4. Increase the percentage of third graders (7–8 year old children) who have a dental sealant on at least one permanent molar by 5%, by June 30, 2024.
5. Increase the percentage of pregnant women who had at least one dental visit during pregnancy by 5%, by June 30, 2024.
6. Increase the percentage of Medi-Cal eligible children (0–20 years) and adults (21–64 years), who have had at least one dental visit during the past year by 10% and 5% respectively, by June 30, 2024.
7. Reduce the gap in percentage of children who have experienced tooth decay, between select race/ethnicity groups by 3%, in 2024.
8. Increase the percentage of active dentists who accept Medi-Cal by 3%, by June 30, 2024.

## Implementation and Next Steps

Countywide partnership and collaboration are integral for successful implementation of the strategic plan. The AC will continue to meet at least quarterly to plan, assess and evaluate how this plan's strategies are being implemented and if objectives are being met. A thorough evaluative approach will be taken to ensure progress, or the lack thereof, is being measured in a timely manner and lessons are being learned to ensure appropriate course correction.

Workgroups are being established for each of the six focus areas. Each workgroup will develop an action/implementation plan, support other organizations and entities implementing strategies from the plan and address larger policy or other issues impacting their work.

The Local Oral Health Program, with funding from the California Department of Public Health will be implementing several strategies from this plan. The program's work will be guided by a work plan developed in consultation with the AC. Both the AC and focus area workgroups will support the LOHP in implementing the work plan.

The Oral Health Action Coalition of Inland Empire will also integrate topics and activities related to implementation of this plan into its work plan and logic model, ultimately ensuring success in meeting the performance measures set forth.

# Acknowledgements

Thank you to the following organizations and individuals for your contributions at various stages during the oral health strategic planning process. Your guidance, insights and commitment were invaluable in developing this plan.

## San Bernardino County Board of Supervisors

**Robert A. Lovingood**  
1<sup>st</sup> District

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3<sup>rd</sup> District

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### Meeting Facilitation (TurningWest)

**Dr. Steven Goodwin**  
President

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2-1-1 United Way	Oral Health Action Coalition of Inland Empire
America's Tooth Fairy	Loma Linda University, School of Dentistry
Arrowhead Regional Medical Center	Kaiser Permanente
Assistance League of San Bernardino	Institute for Health Policy and Leadership, Loma Linda University
Autism Society Inland Empire	Molina Health
Black Infant Health Program, SBC-DPH	Morongo Basin Community Health Center
Borrego Health	Parktree Community Health Center
Center for Oral Health	Public Health Foundation Enterprises WIC Program
Children's Health and Disability Prevention Program, SBC-DPH	Nutrition Program, SBC-DPH
Clinic Operations Dental Services, SBC-DPH	Reach Out
Community Health Association Inland Southern Region	Riverside University Health System—Public Health, Local Oral Health Program
Community Members	SAC Health System
Community Outreach and Education, SBC-DPH	San Antonio Regional Hospital — Communities Institute
Crest Forest Senior Citizens Club	San Bernardino City Unified School District
Dentistry 4 Kids	San Bernardino County Department of Child Support Services
Dentistry 4 Kids of Fontana	San Bernardino County Department of Aging and Adult Services
El Sol Neighborhood Education Center	San Bernardino County Homeless Partnership
Family Health Services, SB-DPH	San Bernardino County Preschool Services Department
First 5 Riverside	San Bernardino County Superintendent of Schools
First 5 San Bernardino	Smile California; Delta Dental of California
Foothill AIDS Project	St. Mary's Medical Center
Geri Smiles Inc.	State Council on Developmental Disabilities
Healthy Fontana	TELACU Residential Management
Healthy Teeth for Kids	Tobacco Control Program, SBC-DPH
Hi-Desert Memorial Healthcare District	TODEC Legal Center
Home and More Mobile Dental	Transitional Age Youth Services, SBC-DPH
Indian Health Center, Yucca Valley	Tri-County Dental Society
Inland Empire Health Plan	Victor Valley Domestic Violence Inc. - A Better Way
Inland Regional Center	Vision y Compromiso
March of Dimes — Inland/San Diego	Western University of Health Sciences, School of Dentistry
Maternal Child and Adolescent Health Program, SBC-DPH	Women, Infants and Children Program, SBC-DPH

# Appendix

## Abbreviated List of Strategies and Objectives of the San Bernardino County Strategic Plan for Oral Health 2019–2024

The full list of strategies and objectives, including details related to frequency, targets, timelines, etc. can be found starting on page 16 of this plan.

<b>I. ACCESS TO ORAL HEALTH CARE</b>	
<b>Goal:</b> Increase the availability, accessibility and utilization of oral health services.	
<b>Strategies</b>	<b>Objectives</b>
1. Evaluate and address barriers	1.1: Establish centralized/user-friendly and modular referral system
	1.2: Support use and dissemination of the referral system
	1.3: Increase the use of existing transportation support services for Medi-Cal eligible individuals
2. Support innovative and alternative approaches to increase points of access	2.1: Implement/evaluate the Local Dental Pilot Project of Inland Empire (LDPP-IE)
	2.2: Conduct feasibility analysis of sustained implementation and expansion of LDPP-IE
	2.3: Increase number of individuals receiving dental services through non-traditional modes (mobile, VDH, etc.)
3. Support school-based/linked programs	3.1: Increase number of schools with school-based/linked oral health programs
	3.2: Increase consent rate for school-based/linked oral health services through promotion and education
	3.3: Increase completion and reporting of Kindergarten Oral Health Assessments
4. Increase access to preventive services, education and care coordination for 0-5 year old children	4.1: Include preventive services at all Head Start, Early Head Start and State Preschools
	4.2: Include preventive services at other early education and community sites (e.g. WIC, Family Resource Centers, etc.)
5. Support unique needs of pregnant women, older adults and individuals with intellectual and developmental disabilities (I/DDs)	5.1: Provide assistance to/support programs serving pregnant teens/women to increase utilization
	5.2: Provide assistance to/support programs serving individuals with I/DDs to increase utilization
	5.3: Increase number of older adults in skilled nursing homes receiving oral health services

## II. ORAL HEALTH KNOWLEDGE, EDUCATION and PUBLIC AWARENESS

**Goal:** Empower individuals and communities with information to take action to improve and maintain their oral health.

Strategies	Objectives
1. Implement public awareness campaign	1.1: Implement data-informed public awareness campaign
2. Disseminate oral health messages	2.1: Leverage community programs to disseminate population-specific education modules
	2.2 Incorporate specific messages on benefits of consuming fluoridated water
3. Develop standardized resources	3.1: Develop/update modules through an LOHP subcommittee on oral health education (quarterly)
	3.2: Create/update inventory of education tools/campaigns for various population groups
	3.3: Create/update print/digital tools for teens/young adults, pregnant women, older adults, I/DD
	3.4: Create/update advocacy guide and inventory of resources for individuals with I/DDs
4. Identify and train community champions	4.1: Identify and train community champions to expand and sustain reach to various populations groups

## III. ORAL HEALTH WORKFORCE

**Goal:** Expand and strengthen the workforce to meet the varied oral health care needs of the county.

Strategies	Objectives
1. Expand Medi-Cal dental workforce	1.1: Increase percent of general/specialty providers who accept Medi-Cal
	1.2: Increase number of Medi-Cal providers that treat pregnant women/follow AAPHD pregnancy guidelines
	1.3: Increase number of providers who treat children and adults with I/DDs
2. Advocate for incentive programs for dental providers	2.1: Develop publications/fact sheets/resources regarding existing loan repayment programs
	2.2: Assess barriers faced by new/recent graduates in applying for/receiving repayment/forgiveness
3. Facilitate collaboration and learning among the network of dental professionals	3.1: Establish countywide listserv for 1) dentists, 2) dental hygienists, 3) dental assistants
	3.2: Organize trainings for dental professionals (prevention, literacy, medical-dental integration)
	3.3: Develop communities of practice for 1) I/DD, 2) pregnant women, 3) school based/linked topics
4. Partner with workforce pipeline programs to increase exposure to students	4.1: Include workforce pipeline programs in AC and OHAC-IE to promote dental professions
	4.2: Present to workforce pipeline programs to promote pursuing dental professions after high school
5. Partner with post-secondary educational institutions	5.1: Explore further development of skills in treating individuals with I/DDs and older adults among dental/hygiene students

<b>IV. INTEGRATION OF SERVICES (MEDICAL, DENTAL and OTHER)</b>	
<b>Goal:</b> Empower service providers to improve the overall health and well-being of individuals through integrated approaches to care.	
<b>Strategies</b>	<b>Objectives</b>
1. Increase knowledge of non-dental providers/staff through collaboration	1.1: Develop online trainings to increase knowledge of primary care providers, residents, nurses and staff
	1.2: Provide annual trainings to primary care providers, residents-in-training, nurses and front staff
2. Promote integration in pre-conception, pregnancy and post-partum care	2.1: Develop standardized work flow/toolkit to integrate education, risk assessment and referrals
	2.2: Integrate oral health component (education and referrals) in WIC clinics
	2.3: Integrate oral health component (education and referrals) in CPSP certified practices
3. Promote integration in well-child visits	3.1: Increase number of CDPH sites applying fluoride varnish on children 0-5 years of age
	3.2: Provide trainings on implementation of AAP prevention practices for children 0–5 years of age
	3.3: Implement standardized workflows integrating oral health into CHDP well-child visits
4. Increase engagement of dental providers to promote healthy behaviors among patients	4.1: Increase number of dental providers adopting “Oral Health Literacy in Dental Offices Toolkit”
	4.2: Increase number of dental providers implementing tobacco counseling, Rethink Your Drink, referrals

<b>V. COORDINATION OF COUNTYWIDE EFFORTS</b>	
<b>Goal:</b> Promote partnerships and collective efforts to optimize resources and achieve sustained improvements for oral health.	
<b>Strategies</b>	<b>Objectives</b>
1. Engage/educate policy decision makers to garner/maintain support for efforts	1.1: Organize annual community convenings on specific oral health topics
	1.2: Conduct in-person meetings on oral health care needs and policies and impact on health/well-being
	1.3: Update County Board of Supervisors on status of oral health, challenges, strategic plan progress
2. Facilitate collaboration among stakeholders to leverage resources and mobilize action	2.1: Hold regional oral health coalition meetings to promote information sharing and collective action
	2.2: Increase active members who participate in activities of the regional oral health coalition
3. Incorporate oral health into all planning efforts for community improvement	3.1: Partner with hospital systems to promote health integration, oral health assessments, referrals
	3.2: Facilitate inclusion of oral health in the health topics assessed in County’s various plans
	3.3: Leverage partnerships to increase readiness to optimally fluoridate public water systems.

## VI. SURVEILLANCE, MEASUREMENT AND EVALUATION

**Goal:** Implement a comprehensive data collection, analysis and reporting system to support countywide oral health efforts.

Strategies	Objectives
1. Develop/implement countywide surveillance system for ongoing monitoring of OH	1.1: Establish/evaluate countywide oral health surveillance system for collection, analysis, interpretation
	1.2: Conduct basic dental screening survey of kindergarten and third graders and publish findings
2. Develop/implement evaluation system to assess effectiveness/ impact of initiatives	2.1: Develop/update logic model and evaluation plan for LOHP
	2.2: Develop/update evaluation plan for components of plan implemented by partners
	2.3: Provide evaluation assistance on approaches to evaluate SBC-DPH/ stakeholder-led activities
	2.4: Conduct mid-point review of the plan with stakeholders and make updates as necessary
3. Translate data into digestible/ effective insights to facilitate better utilization of info for action	3.1: Develop/maintain interactive, web-based, data dashboard to share data insights and findings

## Glossary of Terms and Abbreviations

**Best Practice:** The best clinical or administrative approach at the moment, given the situation, the patient’s or community’s needs and desires, the evidence about what works for this situation/need/desire and the resources available.

**California Department of Public Health (CDPH):** Organization within the State of California that works to protect the public’s health and helps shape positive health outcomes for individuals, families and communities by offering programs and services, implementing collaboration with local health departments and state, federal and private partners. Responsibilities include: infectious disease control and prevention, food safety, environmental health, lab services, patient safety, emergency preparedness, chronic disease prevention and health promotion, family health, health equity and vital records and statistics.

**Caries (tooth decay or cavities):** A multi-factorial infectious disease that results in the destruction of the tooth structure by demineralization and ultimately cavitation of the tooth surface if left untreated. It is the most common childhood disease and yet highly preventable.

**Caries Experience:** Any current or past evidence of having dental caries as defined by having at least one decayed, extracted/missing or filled tooth due to caries.

**Case Management/Care Coordination:** A collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.

**Child Health and Disability Prevention Program (CHDP):** CHDP provides complete health assessments for the early detection and prevention of disease and disabilities for low-income children and youth. A health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance and referral for any needed diagnosis and treatment. The CHDP Program oversees the screening and follow-up components of

the federally mandated Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program for Medi-Cal eligible children and youth. The California law requires that a child is referred to a dentist beginning at age 1 for routine dental care.

**Community Health Centers:** Non-profit health centers embedded within the community that serve as the primary medical and/or dental home for medically underserved (e.g. low-income, uninsured) children and adults by providing accessible, affordable and comprehensive quality healthcare services.

**Community Water Fluoridation:** The process of adjusting the amount of fluoride found in drinking water to achieve optimal prevention of tooth decay. Cost-effective way to provide frequent and consistent contact with low levels of fluoride which helps keep teeth strong and reduces cavities/tooth decay by about 25% and recommended by numerous public health, medical and dental organizations. Fluoride is a naturally occurring mineral released from rock which helps rebuild and strengthen the tooth’s surface resulting in: fewer cavities, less severe cavities, less need for fillings and removing teeth and less pain and suffering because of tooth decay.

**Comprehensive Perinatal Services Program (CPSP):** CPSP provides a wide range of culturally competent services to Medi-Cal pregnant women, from conception through 60 days postpartum. In addition to standard obstetric services, women receive enhanced services in the areas of nutrition, psychosocial and health education.

**Dental Sealants:** A thin, protective coating made from plastic or other dental materials that adhere to the chewing surface of the molars which keeps food out and stops bacteria and acid from settling on the teeth which can keep cavities from forming and reduce the risk of decay by nearly 80%.

**Dental Transformation Initiative (DTI):** A critical mechanism to improve dental health for Medi-Cal children by focusing on high-value care, improved access and utilization of performance measures to drive delivery system reform. This strategy aims to increase the use of preventive dental services for children, prevent and treat more early childhood caries and increase continuity of care for children.

**Denti-Cal:** The California Medi-Cal dental program which offers free or low-cost health care for eligible California residents and covers many services related to dental care.

**Dentist:** An individual who is skilled and licensed to practice the prevention, diagnosis and treatment of diseases, injuries, malformations of teeth, jaws and mouth and makes and inserts false teeth.

**Evidence-Based Practices:** The conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient by integrating individual clinical expertise with the best available external clinical evidence from systemic research and sound methodology.

**Evidence-Informed Practices:** Use of evidence to identify the potential benefits, harms and costs of any intervention while acknowledging that what works in one context may not be appropriate or feasible in another; brings local experience and expertise with the best available evidence from research.

**Federally Qualified Health Centers (FQHC):** All organizations receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved service area or population, offer a sliding fee scale, provide comprehensive service, have an ongoing quality assurance program and have a governing Board of Directors.

**Fluoride Varnish (FV):** A thin coating of fluoride that is applied to tooth surfaces to prevent or stop decay. It has been proven effective in infants and children at high-risk of decay.

**Free or Reduced Price Meals (FRPM):** FRPM is a term used to describe eligibility and participation in the **National School Lunch Program (NSLP)**. NSLP is a federally assisted meal program operating in public and non-profit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. Participating school districts and independent schools receive cash subsidies and U.S.DA Foods for each reimbursable meal they serve. In exchange, NSLP institutions must serve lunches that meet federal meal pattern requirements and offer the lunches at a free or reduced price to eligible children. School food authorities can also be reimbursed

for snacks served to children who participate in an approved afterschool program including an educational or enrichment activity'. Rate of eligibility for this program is used as a proxy for school or school district-level poverty for dental public health program planning.

**Goal:** A goal is a broad primary outcome drafted as a high-level statement that describes what an organization or initiative is trying to focus on for a specified period of time. Goals can be short- or long-term.

**Guide to Community Preventive Services:** A collection of evidence-based findings of the Community Preventive Services Task Force (CPSTF). It is a resource to help select interventions to improve health and prevent disease in one's state, community, community organization, business, health care organization or school. All intervention approaches are intended to improve health directly; prevent or reduce risky behaviors, disease, injuries, complications, or detrimental environmental or social factors, or promote healthy behaviors and environments.

**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.

**Healthy People 2020 or HP 2020:** 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 <https://www.healthypeople.gov/2020/topics-objectives>.

**Indicator:** A quantitative or qualitative expression of a program or policy that offers a consistent way to measure progress toward the stated targets and goals. The data we measure will determine if we have achieved the intended result.

**Individuals with Intellectual and Developmental**

**Disabilities (Individuals with I/DDs):** Persons with disorders usually present at birth and that negatively affect the trajectory of the individual's physical, intellectual and/or emotional development characterized by difficulties in ability to learn, problem solve and adaptive behaviors related to everyday social and life skills.

**Individuals with Special Health Care Needs:**

Persons with any impairments or limiting conditions including physical, developmental, mental, sensory, behavioral, cognitive, or emotional that requires medical management, health care intervention and/or use of specialized services or programs.

**Local Dental Pilot Project (LDPP):**

Part of the Dental Transformation Initiative with goals to increase dental prevention; caries risk assessment and disease management and continuity of care among Medi-Cal children by LDPP innovative pilot projects through alternative programs, potentially using strategies focused on urban or rural areas, care models, delivery systems, workforce, local case management initiatives and/or education.

**Local Oral Health Program (LOHP):**

Programs working in alignment to the California Oral Health Plan within counties with the goal to create and expand capacity at the local level to educate, prevent and provide linkages to treatment programs. Will include program activities related to oral health in their communities: education, disease prevention, linkage to treatment, case management and surveillance to improve the oral health of Californians.

**Medi-Cal:** A public program that offers free or low-cost health coverage for children and adults with limited income and resources covering low-income adults, families with children, seniors, persons with disabilities, pregnant women, children in foster care and former foster youth up to age 26.

**Objective:** Something that one's efforts or actions are intended to attain or accomplish, purpose, goal or target. Objectives define strategies or implementation steps to attain the identified goals. Unlike goals, objectives are specific, measurable and have a defined completion date. They are more specific and outline the "who, what, when, where and how" of reaching the goals.

**Performance Measure:** A performance measure is a numeric description of an organization or initiative's work. Performance measures are based on data and tell a story about whether an activity is achieving its objectives and if progress is being made toward achieving said goals<sup>1</sup>.

**Periodontal Disease:** An inflammatory disease that affects the soft and hard structures that support the teeth. In its early stage, called gingivitis, the gums become swollen and red due to inflammation, which is the body's natural response to the presence of harmful bacteria.

**Preventive Dental Service:** Oral care that involves education, treatment and practices to maintain your teeth and gum through daily brushing and annual dental cleanings; exams that detect for potential dental decay.

**Primary Care Provider or Physician (PCP):** A physician, nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.

**Registered Dental Hygienist (RDH):** A licensed dental professional, registered with a dental association or regulatory body whose primary concern is nonsurgical periodontal therapy, maintenance of dental health and prevention of oral disease, as well as patient education.

**Registered Dental Hygienist in Alternate Practice (RDHAP):** A licensed registered dental hygienist with specialized training that holds a specific license to allow them to practice in settings outside of the traditional dental office including: schools, skilled nursing facilities, hospitals, private homes and in some instances their own offices.

**Screening (dental):** A physical examination of a child's mouth with the purpose to identify whether the individual can benefit from dental treatment and to identify if there are any problems which may need a closer look in the dental office.

**Social Determinants of Health (SDoH):** The conditions in the environments in which people are born, live, grow, learn, work, play, worship and age that affect a wide range of health, functioning and quality of life outcomes and risks.

**State Oral Health Plan (SOHP):** A roadmap for accomplishing the goal and objectives that have been developed in collaboration with partners and stakeholders, including the state oral health coalition and members from the public health, dental and medical communities; used to direct skilled personnel and funding decisions to reduce the prevalence of oral disease.

**Strategy:** A strategy is a plan of action or policy designed to achieve a major or overall aim/goal<sup>2</sup>.

**Strategic Plan:** A strategic plan is a document used to communicate with an organization or initiative's goals, the actions needed to achieve those goals and all the other critical elements developed during a strategic planning exercise. Strategic planning is an organizational management activity that is used to set priorities, focus energy and resources, strengthen operations, ensure that stakeholders are working toward common goals, establish agreement around intended outcomes/results and assess and adjust the organization's direction in response to a changing environment<sup>3</sup>.

**Title 1 Schools:** Title I, Part A (Title I) of the Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act (ESEA) provides financial assistance to local educational agencies (LEAs) and schools with high numbers or high percentages of children from low-income families to help ensure that all children meet challenging state academic standards. In school year 2015-16 more than 55,906 public schools across the country used Title 1 funds resultantly serving more than 26 million children<sup>4</sup>.

**Tooth Loss:** The process in which one or more teeth are lost permanently. Can be the result of injury or disease such as dental avulsion, tooth decay, gum disease or injury; normal for deciduous teeth (baby teeth).

**U.S. Community Preventive Services Task Force:** An independent, nonfederal panel of public health and prevention experts that provides evidence-based findings and recommendations about community preventive services, programs and other interventions aimed at improving population health; members represent a broad range of research, practice and policy expertise in community preventive services, public health, health promotion and disease prevention.

**Virtual Dental Home (VDH):** VDH is a newly developed system of care that proposes to provide all the essential ingredients of a "dental home," which means it focuses on creating oral health, but does so using geographically distributed telehealth-connected teams. It emphasizes prevention and early intervention services in those settings and links and expands the involvement of dental offices and clinics with those groups and in those settings.

**Women, Infants and Children (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 [www.fns.usda.gov/wic/aboutwic/](http://www.fns.usda.gov/wic/aboutwic/).

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1. State of Washington Office of Financial Management; Performance Measurement Guide; Accessed at <https://www.ofm.wa.gov/sites/default/files/public/legacy/budget/instructions/other/2009performancemeasureguide.pdf>

2. National School Lunch Program Fact Sheet; United States Department of Agriculture; Accessed at <https://fns-prod.azureedge.net/sites/default/files/resource-files/NSLPFactSheet.pdf>

3. Balanced Scorecard Institute; Accessed at <https://www.balancedscorecard.org/BSC-Basics/Strategic-Planning-Basics>

4. U.S. Department of Education; Accessed at <https://www2.ed.gov/programs/titleiparta/index.html>

## Summary of the California Oral Health Plan 2018-2028

The full plan and other related publications can be found at:

<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/Pages/OralHealthProgram/Publications.aspx>.

### **Vision:**

Healthy Mouths for all Californians.

### **Mission:**

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

### **Goals:**

#### **I. Determinants of Health, Healthy Habits and Population-Based Interventions**

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

#### **II. Community-Clinical Linkages**

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

#### **III. Collaboration to Expand Infrastructure and Capacity**

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

#### **IV. Communication**

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

#### **V. Surveillance System**

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

## Healthy People 2020 Oral Health Indicators

Objective	U.S. Target	U.S. Average (various years)	CA Average
<b>1. Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth</b>			
Reduce the proportion of children ages 3 to 5 years with dental caries experience in their primary teeth	30.00%	33.30%	53.60%
Reduce the proportion of children ages 6 to 9 years with dental caries experience in their primary or permanent teeth	49.00%	54.40%	70.90%
Reduce the proportion of adolescents ages 13 to 15 years with dental caries experience in their permanent teeth	48.30%	53.70%	NA
<b>2. Reduce the proportion of children and adolescents with untreated dental decay</b>			
Reduce the proportion of children ages 3 to 5 years with untreated dental decay in their primary teeth	21.40%	23.80%	27.90%
Reduce the proportion of children ages 6 to 9 years with untreated dental decay in their primary or permanent teeth	25.90%	28.80%	28.70%
Reduce the proportion of adolescents ages 13 to 15 years with untreated dental decay in their permanent teeth	15.30%	17.00%	NA
<b>3. Reduce the proportion of adults with untreated dental decay</b>			
Reduce the proportion of adults ages 35 to 44 years with untreated dental decay	25.00%	27.80%	NA
Reduce the proportion of adults ages 65 to 74 with untreated coronal caries	15.40%	17.10%	NA
Reduce the proportion of adults ages 75 years or older with untreated root surface caries	34.10%	37.90%	NA
<b>4. Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease</b>			
Reduce the proportion of adults ages 45 to 64 years who have ever had a permanent tooth extracted because of dental caries or periodontal disease	68.80%	76.40%	49.50%
Reduce the proportion of adults ages 65 to 74 years who have lost all of their natural teeth	21.60%	24.00%	8.70%
<b>5. Reduce the proportion of adults ages 45 to 74 years with moderate or severe periodontitis</b>	<b>40.80%</b>	<b>47.50%</b>	<b>NA</b>
<b>6. Increase the proportion of oral and pharyngeal cancers detected at the earliest stage</b>	<b>35.90%</b>	<b>32.60%</b>	<b>23.20%</b>
<b>7. Increase the proportion of children, adolescents and adults who used the oral health care system in the past year</b>	<b>49.00%</b>	<b>44.50%</b>	<b>NA</b>
<b>8. Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year</b>	<b>33.20%</b>	<b>30.20%</b>	<b>NA</b>
<b>9. Increase the proportion of school-based health centers with an oral health component</b>			
Increase the proportion of school-based health centers with an oral health component that includes dental sealants	18.80%	17.10%	NA
Increase the proportion of school-based health centers with an oral health component that includes dental care	7.00%	6.40%	NA
Increase the proportion of school-based health centers with an oral health component that includes topical fluoride	22.70%	20.60%	NA

<b>10. Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health program</b>			
Increase the proportion of FQHCs that have an oral health care program	73.30%	66.60%	68.00%
Increase the proportion of local health departments that have an oral health prevention or care programs	28.40%	25.80%	NA
<b>11. Increase the proportion of program who receive oral health services at FQHCs each year</b>	<b>33.30%</b>	<b>17.50%</b>	<b>18.50%</b>
<b>12. Increase the proportion of children and adolescents who have received dental sealants on their molar teeth</b>			
Increase the proportion of children ages 3 to 5 years who have received dental sealants on one or more of their primary molar teeth	1.50%	1.40%	NA
Increase the proportion of children ages 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth	28.10%	25.50%	27.60%
Increase the proportion of adolescents ages 13 to 15 years who have received dental sealants on one or more of their permanent molar teeth	21.90%	19.90%	NA
<b>13. Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water</b>	<b>79.60%</b>	<b>72.40%</b>	<b>63.70%</b>
<b>14. Increase the proportion of adults who receive preventive interventions in dental offices</b>			
Increase the proportion of adults who received information from a dentist or dental hygienist focusing on reducing tobacco use or smoking cessation in the past year	13.20%	10.50%	NA
Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year	28.60%	23.30%	NA
Increase the proportion of adults who were tested or referred for glycemic control from a dentist or dental hygienist in the past year	7.30%	5.70%	NA
<b>15. Increase the number of states and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams</b>			
Increase the number of states and the District of Columbia that have a system for recording cleft lips and cleft palates	39 states	35 states	NA
Increase the number of states and the District of Columbia that have a system for referral for cleft lips and cleft palates to rehabilitative teams	34 states	31 states	NA
<b>16. Increase the number of states and the District of Columbia that have an oral craniofacial health surveillance system</b>	<b>51 states</b>	<b>32 states</b>	<b>NA</b>
<b>17. Increase health agencies that have a dental public health program directed by a dental professional with public health training</b>			
Increase the proportion of states (including the District of Columbia) and local health agencies that serve jurisdictions of 250,000 or more persons with a dental public health program directed by a dental professional with public health training	25.70%	23.40%	NA
Increase the number of Indian Health Service Areas and Tribal health programs that serve jurisdictions of 30,000 or more persons with a dental public health program directed by a dental professional with public health training	12 programs	11 programs	NA





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Public Health  
Local Oral Health

