

# SAN MATEO COUNTY ORAL HEALTH STRATEGIC PLAN

2017-2020





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# Message from San Mateo County Supervisor Dave Pine



Oral health is an integral part of one's general health. Unfortunately, however, many in our community face challenges in accessing dental services due to: inadequate financial resources, language and cultural barriers, education level, and minimal or no dental insurance. In fact, in its 2013 Community Health Needs Assessment, the Healthy Community Collaborative of San Mateo found that access to dental services "is among the lowest of all types of access to health care service[s]" for thousands of San Mateo County residents. This lack of access has real consequences for County residents, such as living in pain, absences from school and work, difficulty speaking or chewing, reduced job prospects, and serious tooth infections and tooth loss.

We can and must increase access to quality dental services in San Mateo County, particularly for vulnerable populations, including children, pregnant women, the elderly, and individuals with disabilities or special needs. The San Mateo County Oral Health Coalition Strategic Plan, the first such plan developed in the County in 15 years, represents a major step forward in achieving that objective. The plan reflects the work of over 80 individuals from many different sectors in the County. This plan is thoughtful, well-designed, and provides an excellent road map for improving oral health in San Mateo County.

The success of this plan will depend on the commitment of the health community and its partners. We must find the financial resources to implement the plan and make oral health a reality for every San Mateo County resident. We know that the vast majority of oral health problems are almost entirely preventable. This means that investing in the policies and best practices set out in this plan will result in not only a healthier community but also substantial cost savings.

I am excited to see the completion of the San Mateo County Oral Health Coalition Strategic Plan and commend all those who worked so hard to bring it to fruition. Now is the time to take action.

***Dave Pine***

San Mateo County Supervisor, District 1

# Message from Strategic Health Planning Committee



San Mateo County is a very special place. It has a unique way of bringing folks together from diverse backgrounds to realistically, yet boldly address issues in our community. Poor oral health is one such problem facing our residents. This strategic plan is the result of people from many different sectors in the County working together to realize the shared goals of improving access to dental services for those who seek care and preventing dental problems from starting in the first place.

The plan is meant to be a jumping-off point: a place from which we can spring into action to serve our entire community, especially the most vulnerable and neglected among us. This is a blueprint to coordinate our actions.

We salute the many caring people who came together regularly for almost a year to discuss this very important health issue. Together, we have developed what we believe are the strongest ideas that will achieve the greatest impact to improve oral health in San Mateo County—ideas that are feasible to initiate and accomplish in the next three years.

We are confident that our collaborative efforts will continue as we move forward to implement the 2017-2020 Oral Health Strategic Plan.

Sincerely,

***Yogita Thakur, DDS, MS***

Chair, Strategic Planning Committee

***Lee Michelson***

Chair, Oral Health Coalition

# Introduction

Oral health is a cornerstone of overall health for every person of any age. Research has shown that, without proper oral health practices and good nutrition, dental decay can begin soon after babies get their first teeth. Dental disease in children is one of the leading causes of school absenteeism. When a pregnant woman has a dental disease, her baby is also at an increased risk of developing a dental infection. Pain from dental disease impacts nutritional intake and the ability to concentrate at school and work. Tooth loss, damaged teeth, and other dental issues erode self-esteem and confidence, leading to diminished success in school and lower rates of employment. Additionally, for adults, dental decay and gum disease are progressive and lead to the need for costly dental treatment if left unaddressed. Older adults, who often lack the capacity for self-care, suffer further from the progression of dental disease and an overall decline in quality of life.

Despite these and numerous other impacts of dental disease, oral health has been seen as a side note to overall health.

Today, this is changing.

Across the country, agencies at the county, state and federal levels are recognizing the need for additional resources to assure access to dental care, improve oral health, and integrate oral health with overall health efforts. In line with recent trends, the San Mateo County Oral Health Coalition, consisting of more than 30 organizations and individuals from the oral health, medical, philanthropic, and other fields, launched a strategic planning process.

This plan, which is the first in San Mateo County in 15 years, creates a coordinated blueprint addressing the oral health needs across the entire lifespan of the residents of San Mateo County.

## Methodology

A Design Team, composed of oral health providers, medical practitioners, health educators, philanthropists, County health officials, and child and adult health advocates, was formed to provide leadership to the strategic planning process. The Design Team, with strategic planning consultants Miriam Abrams and Dr. Jared Fine, determined the design of the strategic planning process, planned stakeholder retreats, and chaired and participated in workgroups.

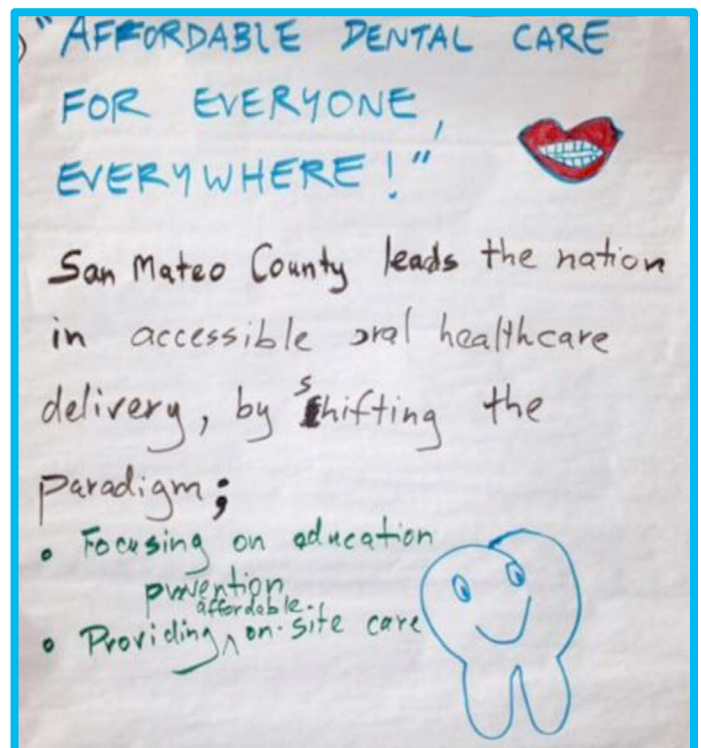
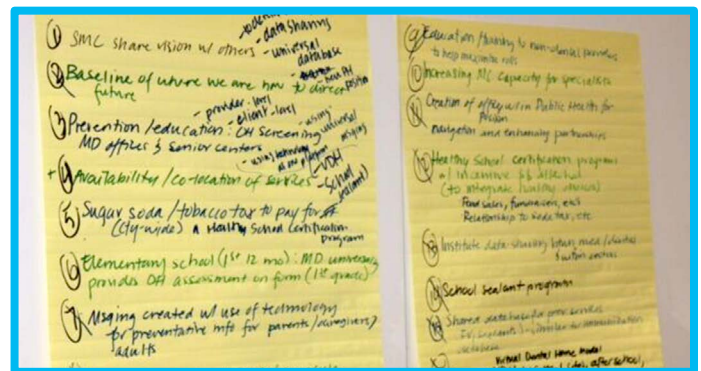
One of its first activities was to conduct an environmental scan, gathering data about oral health in San Mateo County, the State of California, and the US; availability of dental services (particularly for San Mateo County's low-income population); best practices in the field; County demographics; and other information.

The environmental scan was presented at a community retreat in December 2015, attended by more than 65 stakeholders from a variety of fields. Based on the information provided, retreat participants determined the key areas to be addressed in the strategic planning process and drafted initial goals for each area.

Following the retreat, the design team formed workgroups to address key areas; a core team of the Oral Health Coalition addressed infrastructure and funding issues related to implementation of the plan. More than 40 people drafted components of the strategic plan through participation in workgroups, which met from February–April of 2016. The design team used these components to develop the draft strategic plan, which was presented at a half-day stakeholder retreat for final input and development of initial implementation plans on June 9, 2016.

While one of the elements of this strategic plan calls for staffing specifically to oversee its implementation, its success will rely on the continued involvement of the partner agencies and individuals that participated in the planning process, which has built collective knowledge, enthusiasm, and momentum to improve oral health in San Mateo County.

Although the emphasis of the strategic plan is on efforts within San Mateo County, work in collaboration with others in surrounding counties and throughout the state is also vital to continue to make progress in improving oral health. These efforts include participation in state-wide policy efforts concerning oral health and sharing resources and knowledge with colleagues outside of the County.



# Environmental Scan Overview

Over 700,000 people live in San Mateo County, and they reflect the cultural, linguistic, ethnic, racial and socioeconomic diversity of California. As with other counties in California and across the nation, there are major inequities in access to health care and in health based on language and cultural differences, education level and access to adequate health/dental insurance. Of particular note, the wealth disparities in San Mateo County and the surrounding region are among the highest in the nation.

The expansion of Medi-Cal eligibility through the Affordable Care Act has put additional pressure on the dental service system to increase delivery of services for those who now qualify for Medi-Cal. Without a parallel increase in resources to expand the capacity to provide dental services to the state's most needy, the disparities in access to care have grown. The effects on those with the greatest risk of lacking access underscore the profound need to create a blueprint that invests in the oral health of current and future residents of San Mateo County. Due to the pressure on resources for dental treatment, the understanding that dental disease can be prevented is even more important. For example:

Data from the San Mateo Medical Center Emergency Room suggest that more than

# 25%

of costly dental-related ER visits could have been

## PREVENTED

with routine preventive and primary dental care.<sup>1</sup>

Fluoride varnish, easily applied to young children's teeth during medical or dental visits, leads to a

# 37%

## REDUCTION

in the risk of childhood tooth decay.<sup>2</sup>

Dental sealants, plastic coatings applied to the chewing surfaces of molar teeth, can be

# 88%

## EFFECTIVE

in preventing the most common form of dental decay in school-age children.<sup>3</sup>



Oral Health Indicator data specific to San Mateo County are limited for all ages and subgroups, and even less data are available for the elderly. However, the available information suggests the oral health status of our citizens needs urgent attention. Data available for San Mateo County and/or California are presented on the following pages.

<sup>1</sup> Data obtained from San Mateo Medical Center's Emergency Room and Stanford Hospital and Clinics for San Mateo residents, August 2015.

<sup>2</sup> Weyant, Robert J., et al. "Topical fluoride for caries prevention." *The Journal of the American Dental Association* 144.11 (2013): 1279-1291.

<sup>3</sup> Ahovuo-Saloranta, Anneli, et al. "Sealants for preventing dental decay in the permanent teeth." *The Cochrane Library* (2013).



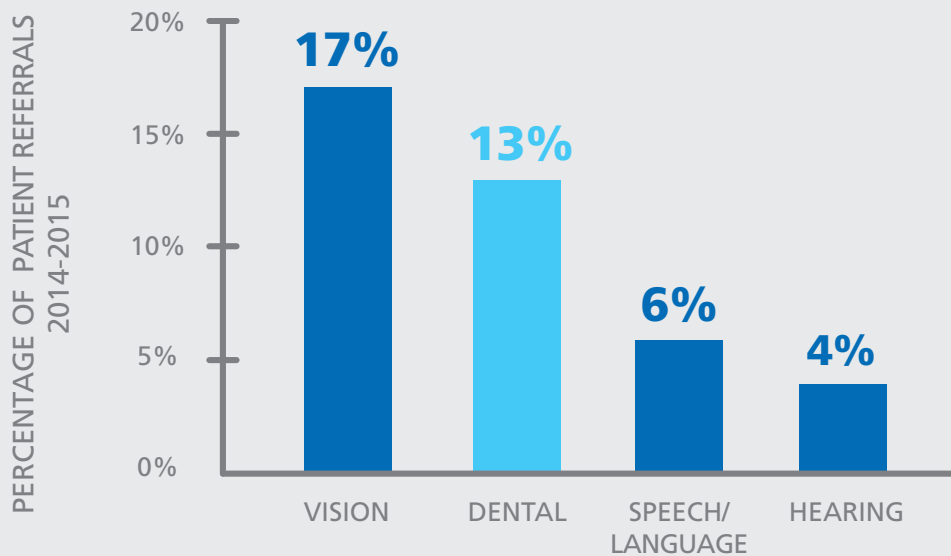
## Children's Oral Health Needs



Dental decay and cavities are preventable, yet children in San Mateo County experience a high incidence of dental decay, even at a very young age. The 2013-2014 Virtual Dental Home pilot project, implemented in San Mateo County Head Start preschools, found that nearly 40% of 3-year-olds had untreated dental decay. This is nearly twice the Healthy People 2020 objective for the nation.

Medical providers in the County have noted the high level of dental issues among children they serve. San Mateo County physicians participating in the Child Health and Disability Prevention (CHDP) program, which provides health assessments for low-income children and youth, identified dental problems to be the second most frequent reason for referral during a routine physical examination (see figure 1).

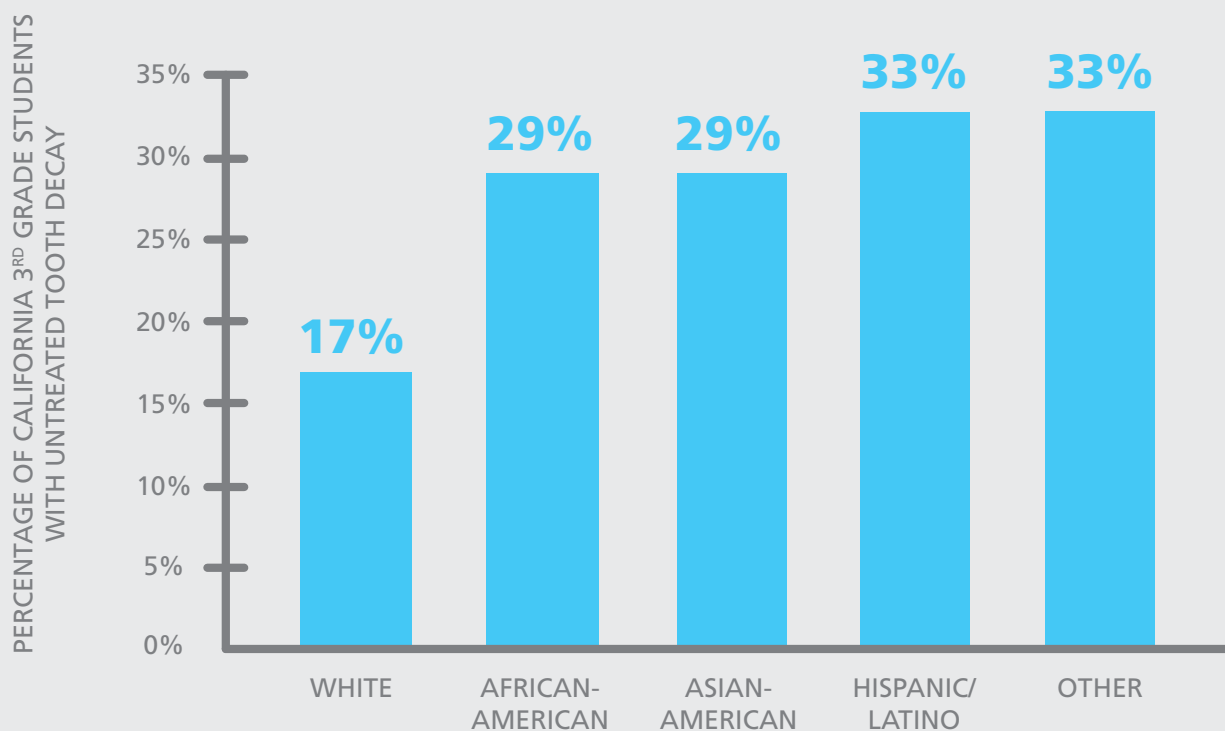
**FIGURE 1**  
Referrals by Pediatricians in San Mateo County 2014-2015  
(Child Health and Disability Prevention Program, PM 160's 2014-2015)





Even though there is limited current data for children’s dental health in San Mateo County, we do know that children’s oral health in California is worse than national benchmarks. Specifically, the 2006 California Needs Assessment<sup>4</sup> reported that third-grade school children had 45% more tooth decay than the Healthy People 2020 objective for the nation; the needs assessment also noted that children of color and low-income children had higher rates of untreated dental decay.

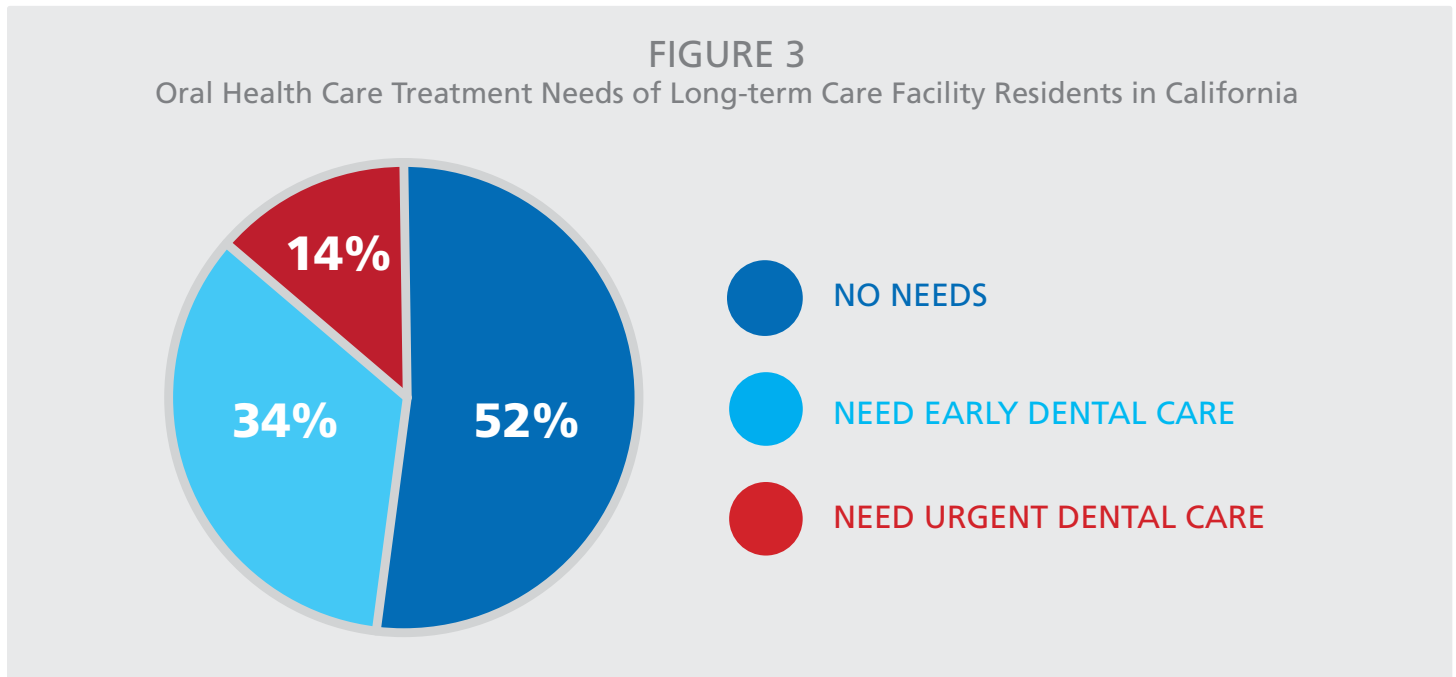
**FIGURE 2**  
Percentage of 3rd Grade Students with Untreated Tooth Decay by Race  
(California Smile Survey, 2006)



<sup>4</sup> "Mommy, It Hurts to Chew." *California Smile Survey – An Oral Health Assessment of California’s Kindergarten and Third Grade Children*. February 2006.

## Adult Oral Health Needs

In the absence of preventive and restorative care, adults suffer tooth decay, tooth loss, and gum disease. Due to the progressive nature of dental decay and periodontal (gum) disease, if left untreated, these diseases often worsen and can lead to tooth loss. According to a recent report of preliminary findings issued by the Center for Oral Health,<sup>5</sup> among California Skilled Nursing Facility residents who have teeth, the need for dental care is as follows:



When considering preventative treatment throughout the life cycle, an increased importance must be placed on pregnant women. Unfortunately, more than half of California women reported having dental problems during pregnancy, and the majority of these women did not receive dental care.<sup>6</sup> This is of particular importance since evidence from prevention-based research shows that women with dental infection during pregnancy are likely to pass that infection on to their babies after they are born. This data urges the need for sufficient dental care during pregnancy.

<sup>5</sup> Oral Health Assessment of Older Adults in California, Data presented at the Center for Oral Health Meeting in 2015

<sup>6</sup> Marchi, Kristen S., et al. "Most pregnant women in California do not receive dental care: findings from a population-based study." *Public health reports* (2010): 831-842.

## Resources for Dental Care

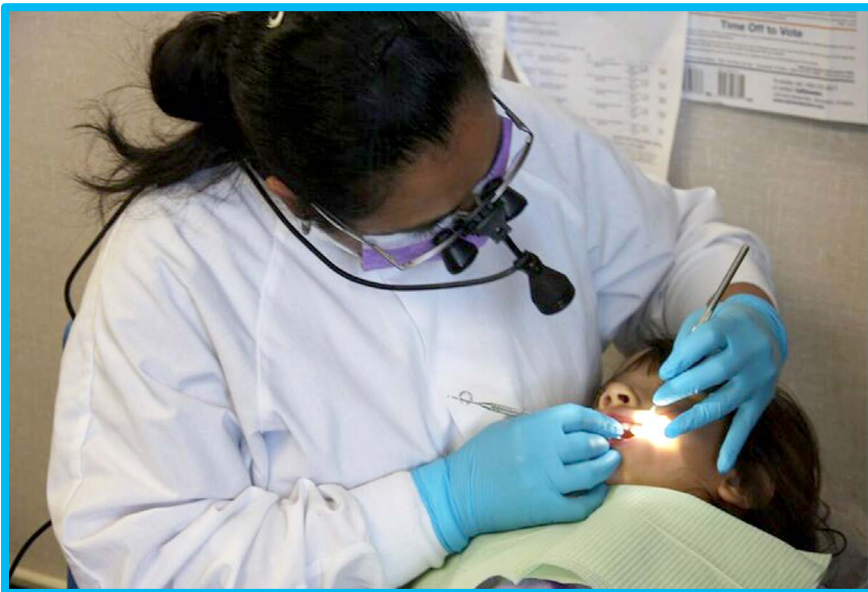


To improve the overall oral health of San Mateo County residents over the next five years, we need to focus on the most at-risk and vulnerable populations, who are most likely to suffer the consequences of poor oral health. In San Mateo County, 57,000 residents live below the federal poverty level; over 121,000 residents are now enrolled in Medi-Cal and 48% of these are under 21 years of age.

Dental providers who serve the Medi-Cal population in San Mateo County include the community clinics and 16 private dental practices listed on the Denti-Cal website as currently enrolled in the program. Although San Mateo County also enjoys the services of county community dental clinics, the demand for service at these clinics is such that the wait for an appointment can be months. When considering both private practice dentists and those providing care in community clinics, the number of dentists available to serve Medi-Cal enrollees is simply insufficient.



For example, in Northern San Mateo County there is one dentist to every 2,572 Medi-Cal enrollees. Since the federal benchmark for a dental practice is one full-time equivalent dentist per 2,000 patients, each dental practice accepting Medi-Cal patients would have to solely treat those on Medi-Cal to even come close to serving the Medi-Cal population in North County. This is impossible under current reimbursement levels. Moreover, these ratios underestimate the demand because not all providers work full time. In addition, these ratios do not include the undocumented adult population, which adds to the unmet need for service.



## Barriers in Access to Care

Underscoring the barriers in access to care, parents of children served by First 5 San Mateo County-funded programs, particularly non-English speaking families, reported difficulties accessing dental care.<sup>7</sup> Additionally, caregivers of older adults reported that transportation and staffing problems inhibited the ability of institutionalized adults to access dental care.

<sup>7</sup> Data from Parent Focus Groups around Oral Health, conducted by First 5. March 2011.

## Best Practices and Essential Services

A scan of national best practices designed to effectively improve oral health at the community level revealed the following:

- Clinical preventive services are key, especially when implemented as early as possible, before dental problems have started.
- Bringing services to where people congregate overcomes barriers of time, distance, expense, and motivation.
- Systematic coordination and linkage to early care enable families and caregivers to navigate a complex health care landscape.
- Community-wide and individual health education with consistent messages builds collective understanding and empowers individuals to make health-promoting choices.
- Integration of oral health and primary care services not only improves the ease of care for the whole person, it also reinforces and maximizes multiple contacts for effective intervention.

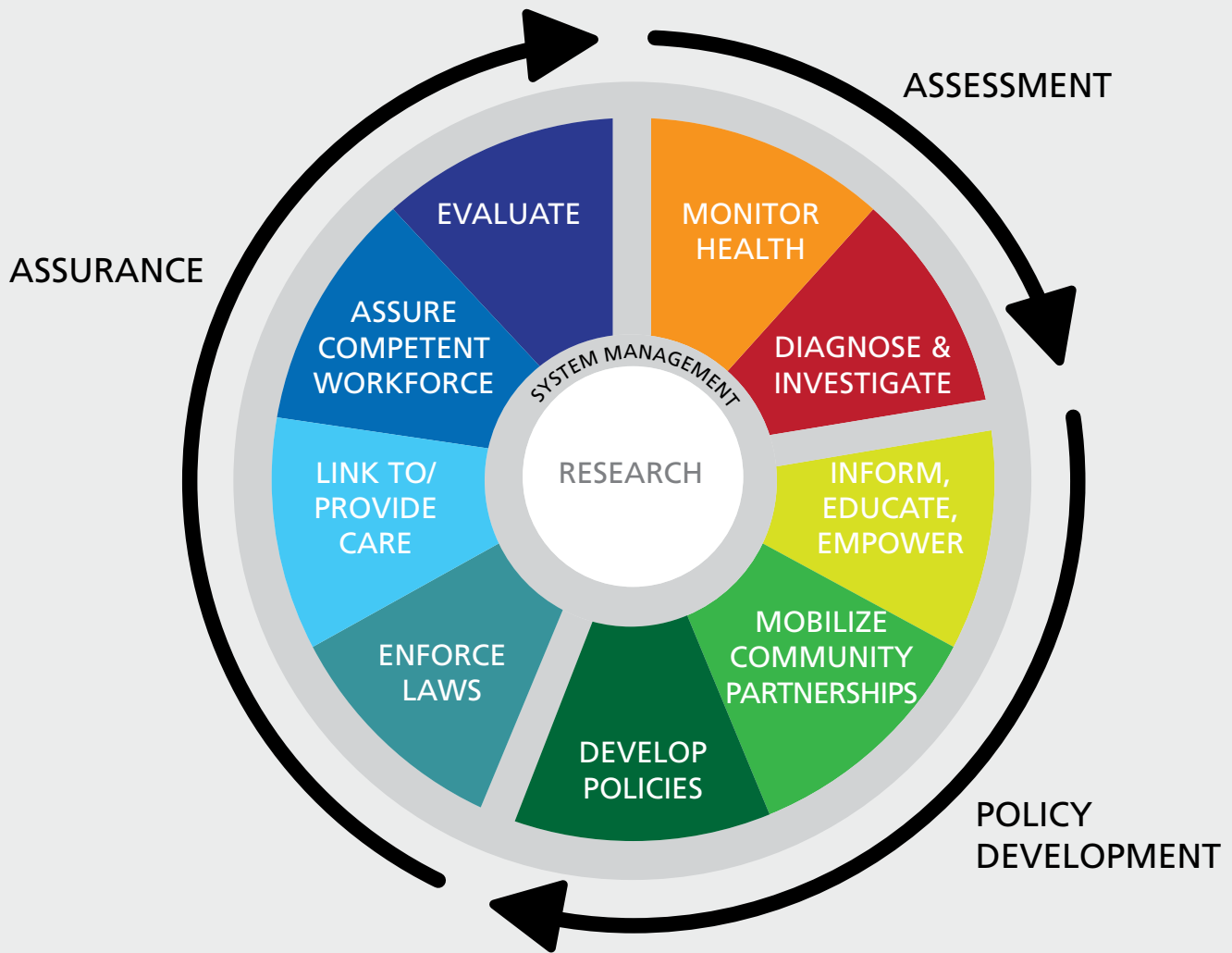


The Institute of Medicine developed core functions<sup>8</sup> of federal, state and local public health departments that are essential to the success of any jurisdiction intending to assure the health of its residents. These essential services are:

- Perform surveillance
- Investigate problems
- Educate and empower residents
- Mobilize community partnerships
- Develop policies and plans
- Enforce relevant laws and regulations
- Link residents to needed oral health services and assure oral health care
- Assure a competent oral health care workforce
- Evaluate services and service providers
- Research

<sup>8</sup> Institute of Medicine (US) Committee for the Study of the Future of Public Health, "The future of public health." Vol. 88, No. 2, National Academy Press, 1988.

FIGURE 4  
Core Functions of Public Health



## New Opportunities for Innovation

The rapid expansion in Medi-Cal eligibility is testing the State's ability to provide access to dental care for all of those who now qualify. This has created an environment that is coming to grips with the need to be both more innovative and prevention-oriented. The State's Dental Transformation Initiative (DTI), which emphasizes investment in preventive strategies, fee incentives for dentists, continuity of care, risk assessment and local innovative projects to increase utilization among children, is a prime example. Moreover, the California Department of Public Health Plan for Oral Health will focus on innovation in service delivery, emphasizing prevention and building local dental public health infrastructure to advance the oral health of the public.

This strategic plan is built upon these best practices and new developments in California and the nation.

# Guiding Principles

1

Oral health is integral to overall health.

2

Oral health services and approaches must be culturally and linguistically appropriate.

3

Sustainable systems and policy changes are critical to fostering oral health for all.

4

Evidence-based or evidence-informed approaches, with clearly defined outcomes and metrics, are the foundation of our approach.

5

Prevention should take precedence over treatment, while not minimizing important treatment needs.

6

Partnerships between governmental institutions, community agencies, providers and individuals enable us to be successful in achieving oral health for all.

# Key Objectives



- I Increase access to dental services and oral health education for children and pregnant women, focusing on co-location and prevention.
- II Increase access to dental services and oral health education for adults, focusing on co-location and prevention.
- III Build oral health provider capacity.
- IV Increase awareness of the importance of oral health and best oral health practices among diverse sectors of San Mateo County.
- V Establish infrastructure, staffing, funding and surveillance systems to effectively implement this strategic plan.

**NOTE:** A patient is considered to have a “dental home” when he/she has had at least one visit per year for two consecutive years to the same billing provider (in other words, to the same dental practice or office).

**NOTE:** “Infants” refers to children ages 0-12 months; “young children” or “very young children” refer to children ages 13 months through 5 years (or up to 6 years).



# Strategies



## Increase access to dental services and oral health education for children and pregnant women, focusing on co-location and prevention.

By partnering with organizations and positioning dental services where children and their families and pregnant women frequent (including Women, Infant & Children (WIC) sites, childcare and early learning institutions, schools, and primary care providers' offices), children and pregnant women will more easily access dental treatment and early prevention services. Starting these services at the earliest ages has been shown to be most effective in reducing tooth decay.

- A** **Expand and deepen oral health partnerships with San Mateo County Women, Infants, & Children (WIC) program sites.** Expand and systematize co-location of oral health services at WIC sites, emphasizing primary prevention. Train WIC staff to encourage families to take advantage of these services, refer to dentists and dental clinics if appropriate, and advise them to establish a dental home.
- B** **Establish an oral health program on-site in schools,** serving kindergarten, pre-K, and Transitional-K students in 4-6 school districts. Work with school districts to provide oral health education, dental assessment, fluoride varnish, and case management into a dental home; possibly expand to other oral health services or other school grades.
- C** **Continue and expand co-located oral health services at childcare and early learning sites** such as Head Start sites, state-funded preschools, and settings for children with disabilities and/or special needs. Expand Virtual Dental Home (VDH) program sites to additional childcare and early learning sites, and co-locate dental services with Golden Gate Regional Center (GGRC)-endorsed service providers and other sites where children with disabilities and/or special needs are regularly seen.
- D** **Increase fluoride varnish application, oral health education, and referrals to dental homes by pediatricians/primary care providers (PCPs)** for children as part of well-child visits beginning at age 6-9 months, and by OB/GYNs for pregnant women. Encourage health system leadership, and train and incentivize Child Health and Disability (CHDP) providers and other medical providers to incorporate oral health assessment and prevention in well-child and prenatal visits.



## Increase access to dental services and oral health education for adults, focusing on co-location and prevention.

The most vulnerable adults—the elderly, and those with disabilities and special needs—have the most difficulty accessing dental treatment services and prevention. Providing services at senior facilities, partnering with organizations serving the elderly and those with disabilities and special needs to provide oral health education, and educating medical professionals on the risks of dental disease and how to make referrals to dental providers for those most at-risk will improve access for this population.

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- A** **Bring dental prevention and treatment services and oral health education to nursing homes, older adult residential facilities, and home-bound older adults.** Incorporate oral health into existing learning programs for those who work with older adults and adults with disabilities and/or special needs, including nurses and nurses' aides and social workers.
  - B** **Increase oral health education to home-bound older adults and older adult facilities,** including written materials in Spanish and Chinese languages. Work with organizations that serve the elderly to educate seniors about oral health, and incorporate this information into other health education opportunities.
  - C** **Increase referrals to dental professionals by public medical providers serving low-income adults,** including older adults and those with special needs and/or disabilities. Train medical providers who serve this population on risks of dental disease and how to refer to dental providers; integrate oral health questions into older adult patient visits by medical providers; train patient navigators, health educators and case managers to provide oral health guidance; and establish County-wide protocols and/or incentives for referrals to dental providers.



## Build oral health provider capacity.

As in many other counties, there is a severe shortage of oral health care providers to serve the low-income population in San Mateo County. This shortage is exacerbated by the need for training providers on how to serve infants and young children, pregnant women, the elderly and those with special needs and/or disabilities. This plan will build the provider network and capacities through incentives and training for dental providers, and using health navigators and other professionals in community sites.

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- A** **Build oral health care provider capacity to serve low-income pregnant women, infants, and young children.** Collaborate with dental societies to support training of dental providers, provide modest incentives to providers to serve these patients and educate medical and dental providers on the importance and safety of treating pregnant women. Provide support for FQHCs to contract with more dental providers and use oral health educators and dental navigators, as appropriate, in schools, WIC sites and medical offices for prevention, education and referral services.
  - B** **Increase the capacity of existing dental programs to serve additional patients with disabilities and/or special needs** through teledentistry programs, population-specific training for dental providers, and increasing access to sedation services for patients with disabilities and/or special needs. Conduct a needs assessment for additional oral health services among those with disabilities and/or special needs.



## IV

### Increase awareness of the importance of oral health and good oral health practices among diverse sectors of San Mateo County.

Developing and disseminating consistent oral health messages will help magnify the effectiveness of current efforts, and build awareness of the importance of oral health. Incorporating oral health education within overall health education efforts will educate residents about good oral health practices—a key to prevention of tooth decay and periodontal disease.

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- A** **Develop consistent oral health messaging and increase inclusion into overall health education.**  
Integrate uniform messaging about oral health into other health education efforts, and use innovative techniques and approaches to most effectively reach different segments of low-income communities.
  - B** **Expand the impact of the San Mateo County Oral Health Coalition in promoting oral health.**  
Encourage Coalition partner organizations to use consistent, agreed-upon oral health messages on their websites and other social media. Expand partner members to include groups who can bring these messages to a broader public.



## V

### Establish infrastructure, staffing, funding and surveillance systems to effectively implement this strategic plan.

The current lack of data about the oral health of San Mateo County residents severely hampers efforts to develop the most effective strategies and evaluate where best to allocate scarce resources. While San Mateo has a system of County medical and dental clinics serving its low-income residents, there is no staffing, nor department that is charged with developing, evaluating and implementing an overall strategic plan within a public health framework. A key to preventing dental disease and building oral health capacity in the County is the development of staffing, funding, and research.

- 
- A** **Develop a surveillance system to share data** among agencies involved in oral health in San Mateo County. Determine which data are currently collected and agree on key data elements.
  - B** **Identify gaps in oral health and address specific oral health needs** by gathering and tracking oral health information on an ongoing basis through kindergarten assessments, from Medi-Cal and other data sources, including factors such as income, race, ethnicity, and geography. Based on this information, develop plans to address populations of greatest need.
  - C** **Develop infrastructure, funding, and staffing to implement and evaluate this strategic plan.** Secure staffing positions responsible for implementing this strategic plan, in cooperation with the Oral Health Coalition and other partners. Charge the Strategic Planning Core Team with oversight of strategic plan implementation, including tracking progress, helping secure funding, prioritizing allocation of new funding, and suggesting adjustments to the strategic plan, as indicated by data gathered.

# Three-Year Data Indicators

## Oral Health Outcomes for Children

(focus on Kindergarten, pre-K and Transitional-Kindergarten (T-K) screenings)

1 Prevalence of caries experience among low-income pediatric population:



2 Prevalence of untreated tooth decay among low-income pediatric population:



## Access to Care for Children and Adults

	Pediatrics	Adults
1 Percentage of Medi-Cal population with any dental visit in the past year.	10%	10%
2 Percentage of Medi-Cal population with a preventive dental visit in the past year.	10%	10%
3 Percentage of Medi-Cal population who received one or more fillings in the past year and also received preventive services (Pediatrics: topical fluoride application, sealant, preventive resin restoration, education, etc. Adults: fluoride varnish application, prophylaxis) in the same measurement year.	10%	10%
4 Percentage of Medi-Cal population who have at least one visit per year for two consecutive years by the same dental service office (location or billing provider).	10%	10%

# APPENDICES

Measurable Outcomes by Strategy

Glossary of Terms

List of Participants

# Measurable Outcomes by Strategy

Increase access to dental services and oral health education for children and pregnant women, focusing on co-location and prevention.

**A** Expand and deepen oral health partnerships with San Mateo County Women, Infants, & Children (WIC) program sites.

- Each year **500** children **ages 1-5** will receive a **preventive dental visit** on-site at four WIC locations in the county.
- **90%** of children at WIC who do not have a dental home **will receive a referral** to a dental clinic that can serve as their **dental home**. **50%** of children on Medi-Cal who are **referred** to dental care from WIC receive dental services **within 6 months**.

**B** Establish an oral health program on-site in schools.

An on-site oral health program will be established in a majority of elementary schools that serve low-income children in each of the 4-6 school districts, which primarily serve low-income children. **400 kindergarten, pre-K and T-K students receive fluoride varnish each year (a billable service)**.

**C** Continue and expand co-located oral health services at childcare and early learning sites.

**Increase the number of unduplicated** children ages 1-5 served through co-located dental services from 400 to **800**.

**D** Increase fluoride varnish application, oral health education, and referrals to dental homes by pediatricians/primary care providers.

- Ten new individual private practice CHDP providers are including **fluoride varnish and oral health education as part of well-child visits** for more than **50%** of their relevant patient panel.
- Nine new CHDP provider site clinics (3 new clinics each year), all County clinics (2-3 new programs each year), and 2 FQHCs have adopted the policy of including **fluoride varnish, referral to a dental home, and oral health education** as part of well-child visits beginning at **6-9 months**, for more than **50%** of their relevant patient panel.
- All County clinics and 1 FQHC have adopted the policy of including **oral health education and referral to a dental home as part of prenatal visits for pregnant women**, for over **50%** of their relevant patient panel.
- The unique number of children each year for whom Health Plan of San Mateo has been billed for fluoride varnish application by a medical provider has **increased by 50%**, from 2,000 to 3,000.





## Increase access to dental services and oral health education for adults, focusing on co-location and prevention.

### A Bring dental prevention and treatment services and oral health education to nursing homes, older adult residential facilities, and home-bound older adults.

- **16 additional older adult residential facilities** receive on-site dental services; based on this work, at least **200** unduplicated older adults who previously did not have a dental visit now have dental homes.
- A **pilot program** is launched that brings home-bound older adults to a central place such as a senior center, clinic, or other location for **“Oral Health Days,”** possibly with the use of a mobile dental van at the senior center. This program serves **100 older adults annually**, who receive dental assessments, oral health education, and necessary treatment.
- Nurses and nurses’ aides at **50%** of the residential adult care facilities in the county that have more than 20 beds and serve low-income and/or Medi-Cal-eligible clients **receive annual oral health training.**

### B Increase oral health education to home-bound older adults and older adult facilities.

- Written information about oral health home care and availability of oral health services in the county and basic oral health care supplies (i.e., toothbrush, toothpaste, floss) are delivered to **1,000 home-bound adults twice a year** by in-home meal providers or outreach groups from other community partners, such as religious organizations. As a result of receiving this information, at least **10% of these 1,000 home-bound adults have improved their oral health home care and at least 5% have accessed oral health services.**
- A curriculum including information about oral health home care and availability of oral health services in the county has been developed and incorporated into health-related workshops provided in the community, attended by **300 adults each year.** As a result, at least **10% have improved their oral health home care and at least 5% have accessed oral health services.**

### C Increase referrals to dental professionals by public medical providers serving low-income adults.

- A majority of the primary care providers at **10 clinics** in the county **incorporate oral health questions and referrals** into their visits with older adults who have chronic illnesses and adults with disabilities and/or special needs.
- Three comprehensive geriatric clinics in the county incorporate **oral health education, referrals, and other services into their medical care,** possibly by including a dentist or other oral health professional **at least once a year** in the panel of providers who see a patient at each visit.
- Five medical providers at the San Mateo County clinics and larger institutions serving low-income populations, particularly those providers with specialties in HIV/AIDS, oncology, and diabetes, are **trained on which medical conditions may create a greater risk for dental disease, and the importance of oral health education and referrals** to dental providers for patients with those conditions.



## Build oral health provider capacity.

### A Build the oral health provider capacity to serve low-income pregnant women, infants, and young children.

- At least **three dental offices** that previously served 10 or fewer low-income **infants and young children** annually, now serve **50 or more**.
- At least **three dental offices** that previously served two or fewer low-income **pregnant women** annually, now serve **10 or more**.
- The number of **low-income young children** (ages 1-5) in the county with a designated **dental home** has **increased by 2,000** (see definition of “dental home” at the beginning of objectives).
- **3-5 dental providers** are trained on how to most effectively provide care to infants, very young children, and those with disabilities and/or special needs.

### B Increase the capacity of existing dental programs to serve additional patients with disabilities and/or special needs.

- An **accurate assessment** documents how many people in the county with **disabilities and/or special needs are not being adequately served** by existing dental services, and what they require.
- Based on this assessment, the number of patients with disabilities and/or special health needs that receive dental care annually has **increased by 10%** from the original baseline.

## IV

## Increase awareness of the importance of oral health and good oral health practices among diverse sectors of San Mateo County.

### A Develop consistent oral health messaging and increase inclusion into overall health education.

Develop consistent oral health messaging and increase inclusion into overall health education.

### B Expand the impact of the San Mateo County Oral Health Coalition in promoting oral health.

- **Consistent oral health messages** are used by at least **50 organizations and/or institutions** in San Mateo County.
- These oral health messages, distributed in printed or electronic form, reach **10,000 people**, primarily those from low-income backgrounds.

# V

Establish infrastructure, staffing, funding and surveillance system to effectively implement this strategic plan.

## A

Develop a surveillance system to share data.

- Common data elements for a **shared database** have been established.
- At least **80%** of the agencies involved in oral health have collected the agreed upon **data**, and it is included in the shared database.

## B

Identify gaps in oral health and address specific oral health needs.

- Populations with the greatest oral health needs have been **identified**, based on data collection, and **plans have been developed** to address those needs.

## C

Develop infrastructure, funding, and staffing to implement and evaluate this strategic plan.

- **Staffing positions** responsible for implementing this strategic plan have been **secured**.
- A committee of the Oral Health Coalition oversees **strategic plan implementation, funding, and evaluation**.
- Oral health progress in San Mateo County is reviewed at least **annually and adjustments are made to the strategic plan accordingly**.

# Glossary of Terms

## **Affordable Care Act (ACA):**

Legislation, including the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), that expands Medicaid coverage to millions of low-income Americans and makes numerous improvements to both Medicaid and the Children's Health Insurance Program (CHIP).

## **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.

## **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.

## **California Children's Services (CCS):**

The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS also provides medical therapy services that are delivered at public schools.

## **Case Management:**

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.

## **Federally Qualified Health Centers (FQHCs):**

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 in order to prevent or stop decay. It has been proven effective in infants and children at high risk of decay.

# Glossary of Terms

**Head Start:**

A federally funded pre-school program for low-income families that promotes school readiness through education, health, nutrition and social services. ([www.acf.hhs.gov/programs/ohs/](http://www.acf.hhs.gov/programs/ohs/))

**Healthy People 2020 (HP2020):**

National health-related goals and objectives, published every 10 years by the U.S. Department of Health and Human Services, which identify the most significant preventable threats to health and establish national goals to reduce these threats. The overarching goals of HP2020 are to: attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; achieve health equity, eliminate disparities, and improve the health of all groups; create social and physical environments that promote good health for all; and promote quality of life, healthy development, and healthy behaviors across all life stages.

**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 will measure to determine if we have achieved our result.

**Outcomes:**

The results of implementing the plan, as experienced by the population.

**Virtual Dental Home:**

The Virtual Dental Home (VDH) is a system of care that provides 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 Woman, Infants and Children provides Federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.



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