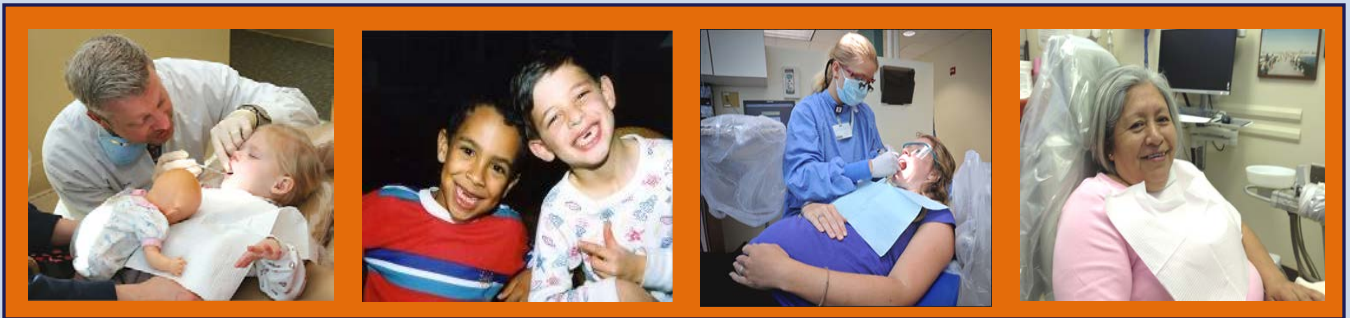


TULARE COUNTY ORAL HEALTH STRATEGIC PLAN



**TULARE COUNTY PUBLIC HEALTH DEPARTMENT
IN COLLABORATION WITH THE TULARE COUNTY
ORAL HEALTH ADVISORY COMMITTEE**

FY 2018 - 2022

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MESSAGE FROM THE DIRECTOR



TULARE COUNTY
HEALTH & HUMAN SERVICES AGENCY

Jason T. Britt, M.S.
Agency Director

Karen M. Elliott, MBA • Director • Public Health Branch

It is with pleasure that I share the 2018-2022 Tulare County Oral Health Program's Strategic Plan. Located within California's Central Valley, many of Tulare County residents live in small, rural, unincorporated communities of which many lack access to essential health services including proper oral health care. The Tulare County Public Health Branch is focused on improving health outcomes through increased access to medical services, prevention, and increased awareness through education and outreach.

Oral health plays a pivotal role in a person's overall health and well-being. Between the years of 2012-2016, 30-38% of Tulare County pre-kindergarten aged children were with evidence of oral disease. In order to address this disparity, the strategic plan was created by gathering community feedback through extensive surveys as well as robust data collection to address the oral health needs and improve the rates of oral health disease amongst Tulare County residents.

Funding for programming and the strategic planning processes are part of a 5-year oral health grant received by Tulare County from proceeds of the California Healthcare, Research and Prevention Tobacco Tax Act of 2016. Statewide, this effort provides \$30 million annually for activities that support California's 2018-2022 State Oral Health Plan.

As part of the planning process, we worked with our newly created Oral Health Advisory Committee (OHAC) to assist with convening a community-wide needs assessment. In partnership with the OHAC local partners and key stakeholders we created a shared vision and mission. Our vision is that all Tulare County residents have access to and utilize oral health services and enjoy optimal oral health, with our mission to improve oral health in Tulare County by fostering leadership, ensuring access to culturally appropriate preventive education and clinical services, and promoting oral health as part of total health.

On behalf of the Tulare County Public Health Branch, I invite you to support the plan and share in our excitement about the next steps. Thank you to all of our partners who collaborated with us on this effort. We look forward to working together to serve the community as a unified voice promoting the health and wellness of our residents.

Sincerely,

A handwritten signature in black ink that reads "Karen M. Elliott".

Karen M. Elliott
Public Health Director

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INTRODUCTION

While good oral health protects a person’s health and quality of life, poor oral health can lead to increased risk for long-term chronic conditions, as well as lost school days for children and for adults lost workdays and reduced employability. A comprehensive community-driven oral health needs assessment conducted in 2018 identified many opportunities for improving the oral health status of Tulare County children and adults. Using standard data collection methods and a broad-reaching community input process, the report documented oral health status, available resources, gaps, common barriers and risk factors, and described the extent to which to people in Tulare County understand the importance of and use oral health services. Those needs assessment findings, summarized on pages 6 -9, give this Strategic Plan direction.

Background

Funding from Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, requires local health jurisdictions and their partners to have a strategic plan to guide the implementation of strategies that support the state *2018-2022 California Oral Health Plan* and its main goals. This Strategic Plan, produced in collaboration with the Tulare County Oral Health Program Advisory Committee and Barbara Aved Associates, provides the framework for how the partners will help make progress toward achieving the state’s goals as well as Tulare County-specific goals and objectives.

Through a plan for continuing collaboration, prevention, education and advocacy activities, we trust this Strategic Plan sends the clear message that the partners care about the oral health of Tulare County children and adults and their ability to access needed services.

Oral Health Advisory Committee

A 10-member Oral Health Advisory Committee (AC) representing a small cross-section of staff, community leaders and stakeholders invested in the health of the county provided guidance and input over several meetings to develop this Strategic Plan (Attachment 1). The AC reviewed the findings from the recently-completed needs assessment, considered stakeholder and community input and the state oral health goals, and thoughtfully created this plan and the action plan component.





OUR VISION

- All Tulare County residents will have access to and utilize oral health services and enjoy optimal oral health.

MISSION STATEMENT

- Improve oral health in Tulare County by fostering leadership, ensuring access to culturally appropriate preventive education and clinical services, and promoting oral health as part of total health.

SHARED VALUES

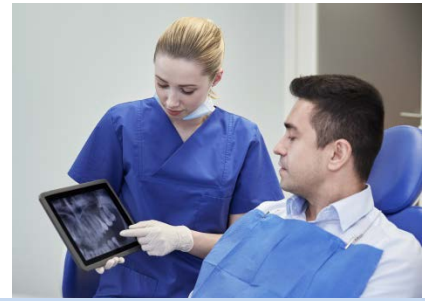
The Tulare County Oral Health Advisory Committee envisions a system that is comprehensive and inclusive in its view of oral health. These guiding principles reflect our vision:

- Community-based organizations, schools, businesses, other stakeholders and the public create a community culture that acknowledges the importance of oral health.
- The county's families have the education and resources they need to ensure oral health for their family, and understand why oral health is important to their overall health.



- The primary care (medical) system provides oral health education and prevention activities, referring individuals needing care for dental issues to appropriate dental health system resources.
- Political support and leadership champion the Tulare County Oral Health Program vision and contribute the financial and other resources needed to support its realization.
- Objective, accurate data/information is accessible and shared with the professional community, media sources, and the general public.
- Best practices are continuously identified and shared to support systems improvement and to create long-term sustainability.





WHY IS ORAL HEALTH IMPORTANT?

Many studies have shown us that good oral health is essential to our overall health and well-being. Poor oral health can have a lifelong effect. For instance:

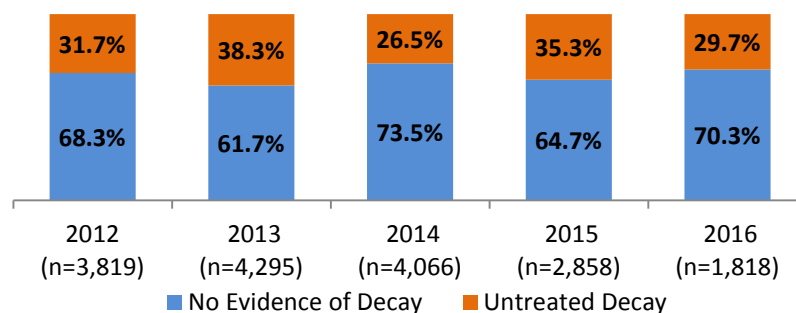
- Teeth that function properly are essential for optimal nutrition as well as speech, hearing and language.
- Oral health care is particularly important for the health of infants and women who are pregnant or may become pregnant as they can pass along pathogenic bacteria to their baby.
- Early childhood caries (cavities) is now recognized as the number one chronic disease affecting young children.
- Children suffering from tooth pain often miss school or are distracted from learning.

While oral health efforts in Tulare County have improved access as well as utilization—particularly for children—due to the investments of community partners, more can be done to address the concerns that the following highlights from the needs assessment report illustrate.

Oral Health Status

A healthy mouth and teeth are an important part of a child’s wellness. Yet in Tulare County, pre-kindergarten dental screenings in 2012-2016 found that 30%-38% of the children had evidence of oral disease (Figure 1); in some of the schools the proportion was even higher. In the young children screened by Altura Centers for Health and Family Healthcare Network last year, 39.8% showed visible decay.

Figure 1. Pre-Kindergarten Dental Screenings, Reporting School Districts, Tulare County, 2012-2016



Source: California Dental Association AB 1433 Pre-K Reported Data



Many studies have shown the significant association between an adult’s oral health status and their health-related quality of life. Oral health status is also important because it can influence a person’s use of dental care services. Mothers' oral health status is a strong predictor of the oral health status of their children. Among adults in Tulare County:

- Approximately 123,990 adults have some level of oral disease—and 11,035 have severe periodontitis, using national prevalence estimates as a basis.
- About 7.6% of Tulare County adults report the condition of their teeth as excellent and 25.5% as very good, but only 5.0% and 9.1%, respectively, of low-income adults say the same. On average, however, a lower percentage of Tulare County adults believe they have good oral health compared to California adults statewide (CHIS, 2016).

Protective Factors and Risk Factors

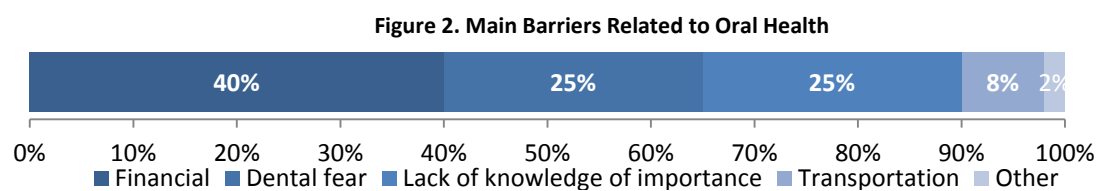
Access to fluoridated water is an important determinant of oral health. Although a large part of Tulare County water systems *are* fluoridated not everyone drinks the tap water. Some people responding to the community input for the needs assessment questioned its safety and said they drink bottled water instead—losing the benefit of fluoridation.

Oral health has risk factors that are also risk factors for general health—for example, tobacco smoking, excessive alcohol consumption and poor dietary habits such as soda and other sugar-sweetened beverages. The needs assessment showed that:

- Tulare County children and teens drink more sugary beverages than the state average.
- 16% of Tulare County adults smoke cigarettes (and smoke more frequently) compared to 11.7% of residents statewide.

Barriers and Access Issues

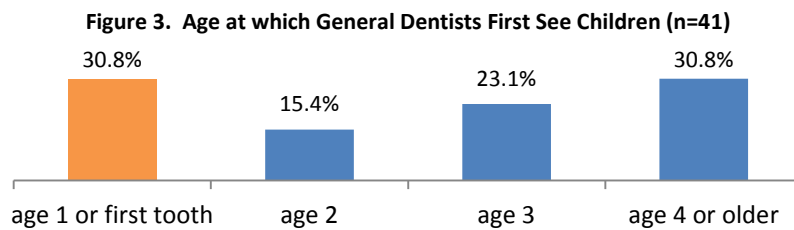
Barriers to dental care, like health care in general, are anything that limits or prevents people from getting adequate care including personal factors. According to research for this strategic plan, the most common barriers people in Tulare County face are financial hardship, fear of the dentist, poor understanding of the value of dental care and geographic location. Rural residents face an even greater range of barriers.



Source: Needs Assessment focus groups and Community Oral Health Survey



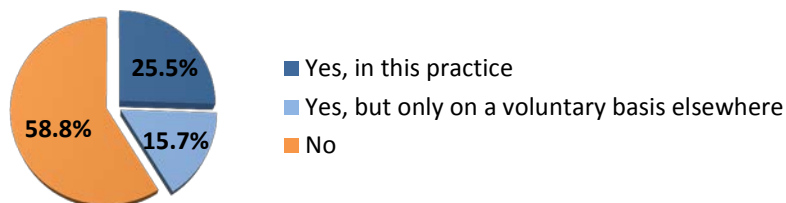
Barriers are also the result of limitations in the delivery system. In Tulare County, fewer than one-third of general dentists see children by the recommended “first tooth/first birthday” (Figure 3).



Source: 2018 Private Dentist Survey, Tulare-Kings Dental Society

There is much evidence that an inadequate provider network for serving patients with Denti-Cal is one of the primary limiting factors for access to care. While community dental clinics play an essential role in serving Denti-Cal patients, Tulare County cannot fully meet the oral health needs of children and adults without adequate participation of private dentists. Close to 60% of local dentists do not participate in this program (Figure 4).

Figure 4. Percentage of Dentists who Take Patients with Denti-Cal (n=49)



Source: 2018 Private Dentist Survey, Tulare-Kings Dental Society

Utilization

The use of dental services in Tulare County in 2016 was both positive as well as disappointing:

- Most parents of children ages 1-11 took their children to the dentist at least once a year (CHIS, 2016); among those with Denti-Cal, however, only 21.9% (ages 1-2) ranging to 60.6% (ages 6-9) utilized their dental benefits.
- For all children ages 0-20 with Denti-Cal, less than half (47.5%) had an annual dental visit.
- Fewer children in the county received fewer sealants—a barrier painted on teeth to prevent tooth decay—than children statewide.
- 37.2% of Tulare County women with a live birth in 2015-16 reported making a dental visit during their pregnancy. One of the reasons this is important is because mothers' oral health status and dental services utilization is a strong predictor of the oral health status and utilization of their children.



- One-third of surveyed parents said they delayed/had never taken their child to the dentist because the child’s teeth “seem healthy to me and I take care of them myself.”
- Twice as many low-income surveyed adults as the general adult population reported “I’ve never had a dental visit.”

Opportunities for Improvement

The highest needs identified in the needs assessment point to the areas where we can improve, and align with the goals of the California Oral Health Plan as well as the Tulare County implementation strategies described in the next several pages.

- Caries prevention among young children (e.g., routine dental visits; fluoride varnish, sealants).
- Dental visits for pregnant women during pregnancy and increased medical-dental collaboration.
- Community awareness of the relationship between oral health and general health and the value of early childhood oral health.
- Integration of oral health into primary care delivery systems.
- Greater participation of dentists, particularly specialists, in Denti-Cal.
- Tobacco cessation counseling in dental offices.
- Established dental homes to reduce emergency department visits for preventable dental conditions.
- Continued efforts toward community drinking water fluoridation.
- Support for community health center dental clinics
- Accessible (timely, no-cost) utilization data for program planning, advocacy and education; and maintaining and supporting collaborative relationships that promotes oral health.





GOALS

The following goals represent the end results the Advisory Committee desires for the oral health of Tulare County residents. These four goals are a major step in achieving our vision, and the basis for the action steps that will be taken to achieve the strategic plan objectives.

1. Improve the oral health of Tulare County residents by addressing identified needs and providing community education to promote healthy habits and prevention.
2. Develop a collaborative dental care delivery system to support community-clinical linkages for increasing utilization of dental services.
3. Develop and implement communication strategies to inform and educate the public, dental and other health care professionals and policy-makers regarding oral health information and programs.
4. Continuously evaluate needs and measure progress, disseminating findings to multiple audiences within the county.



STRATEGIC PLAN OBJECTIVES

The attainment of each of the four goals requires a number of objectives to be reached. These priority objectives are described below.

Goals Focus	Objectives
1. COMMUNITY EDUCATION: Promoting healthy habits and prevention	<ol style="list-style-type: none"> 1. Reduce the consumption of sugar-sweetened beverages among children. 2. Increase the number of dental offices that offer tobacco cessation counseling and referral. 3. Increase the proportion of Tulare County served by community water systems with optimally fluoridated water.
2. ACCESS AND UTILIZATION: Expanding the dental care system	<ol style="list-style-type: none"> 1. Reduce the percentage of kindergartners with dental caries experience or evidence of dental decay. 2. Increase the percentage of children on Medi-Cal who have a first dental visit by age 1, and other children and adults with an annual dental visit. 3. Increase the number of children ages 6-9 on Medi-Cal with dental sealants on a molar. 4. Increase the percentage of women who report a dental visit during pregnancy. 5. Reduce the percentage of emergency department (ED) visits for a preventable dental condition. 6. Increase the number of sites at which children and adults with Medi-Cal can receive dental services. 7. Increase the number of schools conducting/reporting/following up on kinder assessments. 8. Increase the proportion of patients who report their medical provider talks about oral health at regular check-ups.
3. COMMUNICATION AND TRAINING: Messaging and training	<ol style="list-style-type: none"> 1. Conduct a communitywide media campaign to increase the consumption of tap water. 2. Increase the number of dental offices that offer tobacco cessation counseling and referral. 3. Use technology, e.g., social media, websites, and webinars and provide uniform oral health messaging to the community, presenting negative consequences graphically. 4. Increase collaboration between medical and dental professionals. 5. Increase the number of dental and prenatal offices with visible evidence of messaging about First Tooth/First Birthday.



4. EVALUATION:
Measuring and disseminating progress

1. Gather, analyze and use available data (e.g., Denti-Cal, MIHA) to identify continuing needs, map resources and assets, identify existing gaps, and monitor progress in meeting strategic plan goals, and disseminate findings.
2. Update the 2018 Tulare County Community Oral Health Survey, and apply updated findings to program/system improvements.
3. Design and conduct other methods of data collection that can inform and lead to improvements.

PRIORITY STRATEGIES

The Advisory Committee believes that over the course of the next four years the following strategies can achieve the above objectives and make sustainable improvement in the oral health status of Tulare County residents. In many cases, the same strategy can serve to address multiple objectives.

GOAL FOCUS	OBJECTIVES	PRIORITY STRATEGIES
EDUCATION	Objective 1	1.1 Integrate best practices at FRCs, preschools, Head Start and similar settings on counseling families on reducing sugar-sweetened beverages and encouraging water consumption. 1.2 Design and conduct a large-scale, culturally appropriate public awareness oral health campaign addressing nutritional issues, obesity and diabetes, and targeting families at high risk for these conditions.
	Objective 2	2.1 Assess current practices, and offer continuing education and materials to dental providers on tobacco cessation efforts and oral cancers assessment as a regular part of dental visit protocols.
	Objective 3	3.1 Provide education in the community and to policymakers on the value and need for water systems with optimally fluoridated water.



ACCESS AND UTILIZATION

Objective 1

1.1 Distribute toothbrushes/toothpaste/floss at appropriate sites within the community.
1.2 Provide counseling to families on reducing sugar-sweetened beverages.

Objective 2

1.3 Encourage providers to offer silver diamine fluoride (SDF) for arresting active caries in pediatric and special needs patients.
2.1 Train and encourage CHWs and Home Visitors to promote oral health and address barriers to care, helping parents follow through with referrals for care.
2.2 Offer training to general dentists to manage dental problems in young children including managing behaviors that facilitate children being seen by age 1.
2.3 Create a school-linked program to provide information and inform on where to get services.

Objective 3

2.4 Outreach to and link high-risk populations to services such as farmworkers, parolees, individuals living with HIV/AIDS, foster children, and individuals with behavioral health disorders.
3.1 Work with dental providers (DDSs, RDHs, RDAs) in the community to increase sealant use among all 6-9 year-olds.
3.2 Provide education to parents/caregivers on the importance of sealants.

Objective 4

4.1 Offer training to prenatal and dental providers on professional guidelines/recommendations for oral health during pregnancy.

Objective 5

5.1 Meet with ED Coordinators at each Tulare County hospital and collaboratively develop protocols for linking patients who present to EDs with preventable dental conditions to a dental provider, and offer to provide brief orientation/training and materials to ED staff.

Objective 6

6.1 Identify and expand community-clinical linkage programs in targeted sites (e.g., WIC, Head Start, preschools).
6.2 Explore new opportunities for supporting community dental clinics/clinic sites that could provide dental services to low-income/uninsured populations.

Objective 7

7.1 Work with schools to leverage each district's Local Control Accountability Plan that is focused on equity, transparency and performance to support kindergarten dental assessment.
7.2 Create partnerships for school-based screenings and fluoride varnish applications.

Objective 8

8.1 Provide training and resources to primary care providers (e.g., pediatricians, family practice physicians, OBGYNs, nurse practitioners, PAs) to ask about last dental visit and screen for oral disease and risk.
8.2 Provide training and resources to improve dental teams' communication with patients about oral health and general health.



<p>COMMUNICATION AND TRAINING</p>	<p>Objective 1</p>	<p>1.1 Develop a Tulare County-specific oral health message and culturally appropriate media materials, and engage traditional and non-traditional organizations to promote it widely. 1.2 Imbed oral health into general health promotion campaigns, particularly those targeting families with young children. 1.3 Disseminate materials for programs to share with parents on the importance of establishing a dental home for their children.</p>
	<p>Objective 2</p>	<p>2.1 Make smoking cessation literature available in the waiting rooms of all dental offices/clinics. 2.2 Display pictures of patients before and after tobacco cessation treatment as a motivator. 2.3 Make training available to all dental staff to ensure tobacco intervention strategies are standardized and patients get the same message from all personnel. 2.4 Include questions about tobacco use in all dental history charts, and update at annual visits.</p>
	<p>Objective 3</p>	<p>3.1 Use multi-media consumer information to provide timely updates about oral health to the general public and specific audiences such as parents/caregivers, teachers, business leaders and elected officials. 3.2 Place a dental link with information and a list of resources on more public-facing websites.</p>
	<p>Objective 4</p>	<p>4.1 Provide training to pediatricians and family practice physicians to identify and refer patients to a dental home when they could benefit from SDF therapy. 4.2 Provide fluoride varnish application training to primary care providers and ancillary staff in traditional and non-traditional practice settings.</p>
	<p>Objective 5</p>	<p>5.1 Assess the health literacy environment of dental patient care settings.</p>
<p>EVALUATION</p>	<p>Objective 1</p>	<p>1.1 Update key sections of the baseline oral health needs assessment focusing on key indicators, and prepare and disseminate briefing papers appropriate for various audiences. 1.2 Recruit provider champions who can influence change within their own practice/system or community.</p>
	<p>Objective 2</p>	<p>2.1 Review, modify if needed, and re-administer the 2018 Tulare County Community Oral Health Survey, share findings with stakeholder groups and apply them to systems improvement.</p>
	<p>Objective 3</p>	<p>3.1 Conduct other qualitative and quantitative methods of data collection.</p>





ALIGNMENT WITH STATE EFFORTS

The vision of the Tulare County Oral Health Program and Advisory Committee in partnering with California Department of Public Health Oral Health Program (OHP) is that all residents will have access to and utilize oral health services and enjoy optimal oral health. Its mission to improve oral health by fostering leadership, ensuring access to culturally appropriate services, and promoting oral health as part of total health is also consistent with the expressed purpose of the OHP; that is, is to promote oral health and reduce oral diseases through prevention, education and organized community efforts. As expressed by OHP, “partnership is a basic strategy to achieve collective impact.”¹

The Advisory Committee carefully reviewed the *California Oral Health Plan 2018-2028* to ensure local goals and objectives and potential strategies reflected consistency with the state direction, as well as addressed the priority findings evidenced from the county’s oral health needs assessment.

In carrying out the initial OHP grant requirements—conducting a comprehensive needs assessment, undertaking a participatory strategic planning process and developing a subsequent evaluation plan—Tulare County is both participating in the statewide effort to improve the oral health of Californians as well as affirming its own commitment to educate and promote oral health among county residents.

¹ California Department of Public Health. *California Oral Health Plan 2018-2028*, page 16.





ACTION PLAN

The following Action Plan operationalizes the Strategic Plan by describing the main action steps needed to implement the strategies; who will help carry them out over what period of time; what resources (financial and human capital) will be needed; and what changes (improvements) can be expected that can help achieve the state and local oral health objectives.

COMMUNITY EDUCATION

Objective 1: Reduce the consumption of sugar-sweetened beverages among children.

Strategies: Integrate best practices and counsel families on reducing sugar-sweetened beverages and encourage water consumption.

Design and conduct a large-scale public awareness campaign targeting families at high risk.

Action Step	Responsible Organizations ¹	Resources/Contribution Needed	Completion/Frequency
1. Create bus ads and contact Transit companies and arrange for placement on Tulare County buses.	PH – OH HBSC	PH – OH state grant	By 6/30/19
2. Contact state Oral Health Program, CA Dental Association, and other specific First 5s and obtain patient education materials appropriate to the needs/ demographics of Tulare County	PH – OH F5 T-K DS	PH – OH state grant	By 6/30/19
3. Create one or two oral health posters with key messages and provide posters and accompanying script to all dental offices willing to use them.	PH – OH HBSC	PH – OH state grant	By 6/30/19

¹Responsible Organizations/Tulare County Partners Legend:

PH – OH = Public Health Oral Health Program

PH – T = Public Health Tobacco Program

PH – E = Public Health Epidemiologist

PH – Other = Other Public Health programs, e.g., WIC, CPSP

PH – HO = Public Health Officer

HBSC = Hapy [note: deliberate misspelling] Bear Surgery Center

F5 = First 5 Tulare County

T-K DS = Tulare-Kings Dental Society

VUSD = Visalia Unified School District

LUSD = Lindsay Unified School District/Lindsay Family Resource Center

Dr. Z = Ellie Zuiderveld, DDS, private practice and AC Member



Objective 2: Increase the number of dental offices that offer tobacco cessation counseling and referral.

Strategies: Assess current practices, and offer continuing education and materials to dental providers on tobacco cessation efforts and oral cancers assessment as a regular part of dental visit protocols.

Action Step	Responsible Organizations	Resources/ Contribution Needed	Completion/ Frequency
1. Contact CA Smokers' Helpline to identify a potential speaker and arrange for them to speak at a Health Professional Symposium and other appropriate event (s) in Tulare County.	PH - T	PH - Tobacco	Annually
2. Design and conduct a survey among Tulare County dentists to assess dentist capacity and experience in helping patients with tobacco cessation.	PH – OH T-K DS	PH – OH state grant T-K DS inkind personnel time	By 6/30/19
3. Analyze survey results and share them with the dental community; plan and offer CEUs and materials to dental providers who request it.	PH – OH T-K DS HBSC	PH – OH state grant T-K DS and HBSC inkind personnel time	By 9/30/19

Objective 3: Increase the proportion of Tulare County served by community water systems with optimally fluoridated water.

Strategies: Provide education in the community and to policymakers on the value and need for water systems with optimally fluoridated water.

Action Step	Responsible Organizations	Resources/ Contribution Needed	Completion/ Frequency
1. Add information about the benefits of fluoridated water to all media campaign materials developed by this program, and continue to dispel myths when making presentations to the public.	PH – OH HBSC F5 T-K DS	PH – OH state grant	Annually
2. Educate the public about existing county regulations that protect the environment and water quality; periodically check and advise families/clients/the public on when and where the community drinking water is safe.	PH – OH PH - HO	PH – OH state grant	Quarterly



ACCESS AND UTILIZATION

Objective 1: Reduce the percentage of kindergartners with dental caries experience or evidence of dental decay.

Strategies: Distribute toothbrushes/toothpaste/floss at appropriate sites within the community.
Provide counseling to families on reducing sugar-sweetened beverages.
Encourage providers to offer silver diamine fluoride (SDF) for arresting active caries.

Action Step	Responsible Organizations	Resources/ Contribution Needed	Completion/ Frequency
1. Purchase and/or obtain samples of toothbrushes/ toothpaste/floss and distribute at community health fairs, home visitation programs, Migrant Education classes, WIC classes, etc.	T-K DS F5	Organizations' funds	Continually
2. Promote awareness of silver diamine fluoride (SDF) among local dentists, and create and offer a CEU course on it as an add-on to other dental trainings or stand-alone.	T-K DS	Organization's funds	Semi-annually
3. Promote and offer kindergarten dental screenings at all Tulare County school districts.	VUSD	School district funds	Annually

Objective 2: Increase the percentage of children on Medi-Cal who have a first dental visit by age 1, and other children and adults with an annual dental visit.

Strategies: Train and encourage CHWs and Home Visitors to promote oral health and address barriers to care, helping parents follow through with referrals for care.

Offer training to general dentists to manage dental problems in young children including managing behaviors that facilitate children being seen by age 1.

Create a school-linked program to provide information and inform on where to get services.

Outreach to and link high-risk populations to services such as farmworkers, parolees, individuals living with HIV/AIDS, foster children, and individuals with behavioral health disorders.

Action Step	Responsible Organizations	Resources/ Contribution Needed	Completion/ Frequency
1. Include "First Tooth/First Birthday" in all oral health and school district media campaign messaging, including Tulare County Office of Education quarterly parent education meetings.	OH – PH	PH – OH state grant	Continually
2. Work with Family Resource Center staff to fully integrate "First Tooth/First Birthday" in all parenting classes.	F5	Organization's funds	Continually



Objective 3: Increase the number of children ages 6-9 on Medi-Cal with dental sealants.

Strategies: Work with dental providers (DDSs, RDHs, RDAs) in the community to promote sealants.
Provide education to parents/caregivers on the importance of sealants.

Action Step	Responsible Organizations	Resources/ Contribution Needed	Completion/ Frequency
1. Work with school districts, Family Resource Centers and other organizations that serve children to encourage parents to ask their dental providers for sealants	PH – OH F5 VUSD	PH – OH state grant Organization’s funds	Contiually

Objective 4: Increase the percentage of women who report a dental visit during pregnancy.

Strategies: Offer training to prenatal and dental providers on professional guidelines/recommendations for oral health during pregnancy.

Action Step	Responsible Organizations	Resources/ Contribution Needed	Completion/ Frequency
1. Review and modify as necessary curricula and other patient/client education materials in programs such as WIC, Sweet Success, Comprehensive Perinatal Service Program to include importance of receiving dental care during pregnancy.	PH – OH PH - Other	PH – OH state grant Other PH program funds	By 12/31/19
2. Contact local OB-GYNs, ensure they have copies of <i>CA’s Clinical Guidelines for OH During Pregnancy and Early Childhood</i> , and offer guidance or linkage to CEU opportunities.	Dr. Z	Pro bono	By 6/30/19 and annually thereafter

Objective 5: Reduce the percentage of emergency department (ED) visits for a preventable dental condition.

Strategies: Meet hospitals, develop protocols for linking patients who present to EDs with preventable dental conditions to a dental provider, and offer to provide brief orientation/training and materials to ED staff.

Action Step	Responsible Organizations	Resources/ Contribution Needed	Completion/ Frequency
1. Reach out to hospital administrators to solicit buy-in from the top using needs assessment data.	PH - HO	PH – personnel inkind	By 6/30/19 and annually thereafter
2. Create resource list of dental clinics and Denti-Cal providers and provide to ED Coordinators and discharge planners for distribution to patients using the ED for a preventable dental condition.	PH - OH	PH – OH state grant	Semi-annually



Objective 6: Increase the number of sites where children and adults with Medi-Cal can receive dental services.

Strategies: Identify and expand community-clinical linkage programs in targeted sites.
Explore new opportunities for supporting community dental clinics/clinic sites that could provide dental services to low-income/uninsured populations.

Action Step	Responsible Organizations	Resources/ Contribution Needed	Completion/ Frequency
1. Request extra individual attention from Delta Dental DDS Recruitment Office to meet with Tulare County private dentists to inform of improvements to the Denti-Cal program and promote participation.	HBSC T-K DS	Personnel inkind time	By 6/30/19 and annually thereafter
2. Identify one or two local “dental champions” willing to inform colleagues of Denti-Cal improvements and promote participation.	HBSC T-K DS Dr. Z	Personnel inkind time	By 6/30/19 and annually thereafter

Objective 7: Increase the number of schools conducting/reporting/ following up on kinder assessments.

Strategies: Work with schools to leverage each district’s Local Control Accountability Plan focused on equity, transparency and performance to support kindergarten dental assessment.
Create partnerships for school-based screenings and fluoride varnish applications.

Action Step	Responsible Organizations	Resources/ Contribution Needed	Completion/ Frequency
1. Check with Tulare County Office of Education for which school districts are missing (note: Altura Centers for Health covers all Tulare City schools) and encourage participation and reporting.	F5 VUSD	Personnel inkind time LCAP funds	By 12/31/19 and annually thereafter
2. Ensure that all kinder screening data are routinely reported on the CDA dental screening webpage.	PH – OH VUSD	PH – OH state grant	Annually



Objective 8: Increase the proportion of patients who report their medical provider talks about oral health at regular check-ups.

Strategies: Provide training and resources to primary care providers to ask about last dental visit and screen for oral disease and risk.

Provide training and resources to improve dental teams' communication with patients about oral health and general health.

Action Step	Responsible Organizations	Resources/ Contribution Needed	Completion/ Frequency
1. Meet with representatives from the local medical society and offer office-based and other kinds of training.	T-K DS	Personnel in kind time	By 12/31/19
2. Meet with local pediatricians and offer office-based or other kinds of trainings.	HBSC Dr. Z	Personnel in kind time	By 12/31/19
3. Plan and deliver a 1-day, countywide Health Professional Symposium on oral health.	HBSC PH – OH Dr. Z T-K DS	PH – OH state grant Personnel in kind time	By 6/30/19 and annually thereafter

COMMUNICATION AND TRAINING

Objective 1: Conduct a communitywide media campaign to increase the consumption of tap water.

Strategies: Develop a Tulare County-specific oral health message and media materials, and engage traditional and non-traditional organizations to promote it widely.

Imbed oral health into general health promotion campaigns, particularly those targeting families with young children.

Disseminate materials for programs to share with parents on the importance of establishing a dental home for their children.

Action Step	Responsible Organization	Resources/ Contribution Needed	Completion/ Frequency
1. Add information about the benefits of fluoridated water to all media campaign materials developed by this program, and continue to dispel myths when making presentations to the public.	PH – OH HBSC F5 T-K DS	PH – OH state grant	Annually
2. Work with Family Resource Centers and other non-profits to integrate oral health messaging in all parenting classes.	PH – OH F5 LUSD	PH – OH state grant Organizations' funds	Quarterly



Objective 2: Increase the number of dental offices that offer tobacco cessation counseling and referral.

Strategies: Make smoking cessation literature available in the waiting rooms of all dental offices/clinics.

Make training available to all dental staff to ensure tobacco intervention strategies are standardized and patients get the same message from all personnel.

Include questions about tobacco use in all dental history charts, and update annually.

Action Step	Responsible Organization	Resources/ Contribution Needed	Completion/ Frequency
1. Contact UC Davis/CA Smokers' Helpline and other tobacco prevention and education resources, and obtain relevant tobacco cessation literature; distribute to all dental offices willing to display/provide them.	PH - T	PH - Tobacco	Annually
2. Find or create pictures relevant to oral health of patients before and after tobacco cessation treatment to serve as a motivator; distribute for display in various health and human services organizations.	PH – T PH – OH	PH – Tobacco PH – OH state grant	Annually
3. Offer tobacco cessation training and resource materials to private dental offices as in-office or through other training opportunities	PH – T PH – OH T-K DS	PH – OH state grant T-K DS inkind personnel time	By 9/30/19 and annually thereafter

Objective 3: Use technology, e.g., social media, websites, and webinars and provide uniform oral health messaging to the community, presenting negative consequences graphically.

Strategies: Use multi-media consumer information to provide timely updates about oral health to the general public and specific audiences such as parents/caregivers, teachers, business leaders and elected officials.

Place a dental link with information and a list of resources on more public-facing websites.

Action Step	Responsible Organization	Resources/ Contribution Needed	Completion/ Frequency
1. Place link to oral health messages and access to dental information on school district web pages; ensure information is kept updated.	VUSD LUSD PH – OH	Personnel inkind time	By 6/30/19 and annually thereafter
2. Place link to oral health messages and access to dental information on First 5 social media pages and Family Resource Center Network websites; ensure information is kept updated.	F5 LUSD PH – OH	Personnel inkind time PH – OH state grants	By 6/30/19 and annually thereafter



Objective 4: Increase collaboration between medical and dental professionals.

Strategies: Provide training to pediatricians and family practice physicians to identify and refer patients to a dental home when they could benefit from SDF therapy.

Provide fluoride varnish application training to primary care providers and ancillary staff in traditional and non-traditional practice settings.

Action Step	Responsible Organization	Resources/ Contribution Needed	Completion/ Frequency
1. Request data from Denti-Cal on number (and if possible, type) of primary care providers who billed for fluoride varnish last year (FY 2017-18); share findings with Advisory Committee and use as a basis for professional education efforts.	PH – OH	PH – OH state grant	By 6/30/19 and annually thereafter
4. Plan and deliver a 1-day, countywide Health Professional Symposium on oral health.	HBSC PH – OH Dr. Z T-K DS	PH – OH state grant Personnel inkind time	By 6/30/19 and annually thereafter

Objective 5: Increase the number of dental and prenatal offices with visible evidence of messaging about First Tooth/First Birthday.

Strategies: Assess the health literacy environment of dental patient care settings.

Action Step	Responsible Organization	Resources/ Contribution Needed	Completion/ Frequency
1. Meet with CPSP (Comprehensive Perinatal Services Program) staff and determine currently available patient education materials on oral health and their appropriateness for focusing on pregnancy and early childhood.	PH – OH F5	PH – OH state grant Personnel inkind time	By 6/30/19
2. Determine the extent to which the materials and other patient/client education efforts (e.g., home visitation) are being used in the community and by whom.	PH – OH	PH – OH state grant	By 6/30/19
3. Create and/or provide existing “oral health during pregnancy” posters and other patient education materials to private dentists, FQHCs, and other sites where pregnant women and new mothers receive various services.	PH – OH F5 T-K DS	PH – OH state grant Personnel inkind time	By 6/30/19 and semi-annually thereafter



EVALUATION

Objective 1: Gather, analyze and use available data to identify continuing needs, map resources and assets, identify existing gaps, and monitor progress in meeting strategic plan goals, and disseminate findings.

Strategies: Update key sections of the baseline oral health needs assessment and prepare and distribute briefing papers appropriate for various audiences.

Recruit provider champions who can influence change within their own practice/system or community.

Action Step	Responsible Organization	Resources/ Contribution Needed	Completion/ Frequency
1. Conduct periodic data collection and analysis of key indicator data from the baseline needs assessment; prepare findings in a briefing format, and share with the Advisory Committee for use in meeting the strategic plan objectives.	PH – E PH – OH	Other PH funds PH – OH state grant	By 12/31/19 and annually thereafter
2. Periodically meet with, make presentations to and establish a closer relationship with the dental society to share updated information about the extent of oral disease (e.g., kinder screening findings) and current efforts of the PH oral health program, and to recruit “dental champions.”	PH – HO	Other PH funds	By 6/30/19 and on a continuous basis
3. Engage additional members of the OH Advisory Committee to broaden representation and partnerships, and maintain regular meetings.	PH – OH	PH – OH state grant	By 6/30/19 and on a continuous basis

Objective 2: Update the 2018 Tulare County Community Oral Health Survey, and apply updated findings to program/system improvements.

Strategies: Review, modify if needed, and re-administer the 2018 Tulare County Community Oral Health Survey, share findings with stakeholder groups.

Action Step	Responsible Organization	Resources/ Contribution Needed	Completion/ Frequency
1. Internally conduct or engage an outside consultant with dental expertise to review/revise and administer the baseline OH Community Survey, focusing on those areas that align closest to the strategic plan and of greatest concern regarding updated needs assessment findings.	PH – OH	PH – OH state grant	By 6/30/20 and by 6/30/22



Objective 3: Design and conduct other methods of data collection that can inform and lead to improvements.

Strategies: Conduct other qualitative and quantitative methods of data collection.

Action Step	Responsible Organization	Resources/ Contribution Needed	Completion/ Frequency
1. In consultation with the Advisory Committee, periodically review opportunities for engaging additional partners and for ways of learning more about the status of oral health in Tulare County, improving tracking of progress and making additional improvements.	PH – OH	OH – OH state grants	Annually

POTENTIAL BARRIERS OR RESISTANCE

In general, few barriers to the goals and objectives in this Plan are expected. Where there might be resistance or less success in implementing some of the strategies could come from the failure of local organizations to engage more closely with Public Health—and where those organizations’ strengths may be necessary to more fully achieve the objectives. For example, representation by schools on the Advisory Committee—both during the needs assessment and the strategic planning process—was limited. Representation by the two FQHCs, both with large dental programs, did not occur. Schools are important because of their regular connection to families and the trust factor, and the potential as direct dental service sites (for more kinder assessments, for instance). FQHCs because of their community locations, co-located primary care/dental services and staffs’ linguistic competence are natural partners to public health efforts.

Other possible though unlikely obstacles the Oral Health Program would need to address are the typical ones in most strategic planning. These include differing views among new Advisory Committee members about accomplishing the strategic plan, new government regulations, changes in dental practices or workforce, competition for patients between providers, organizations’ parochial self-interest and competition for new funds among non-profits.

Basic lack of understanding about the importance of oral health by the public and by many organizations and businesses that could be engaged to help (e.g., service clubs, faith-based entities, housing, recreation centers) is a barrier that this Plan hopes to address.

Finally, the change process envisioned by the Advisory Committee responsible for creating this strategic/action plan could be faster than some think might be able occur, potentially resulting in a little resistance at first. Education, engagement of involvement, and frequent, transparent communication will be useful strategies for dealing with resistance and earning support.



INDICATORS AND TIMELINE

The following are the *main* indicators the Oral Health Program and the Advisory Committee will use to determine progress in meeting the Strategic Plan objectives. Individual targets will be specified in the Program’s Evaluation Plan and reflect the *2018-2028 California Oral Health Plan*.

Indicators	Timeframe
Caries experience – Kindergarten	2018 - 2023 ¹
Untreated caries – Kindergarten and 3 rd grade	2018 - 2023
Community water fluoridation – percent of population covered	2018 - 2023
Tobacco cessation in dental offices	2018 - 2023
Preventive dental visits among all children/children with Medi-Cal	2018 - 2023
Preventive dental visits among adults with Medi-Cal	2018 - 2023
Children ages 6-9 with dental sealant on a molar	2018 - 2023
Pregnant women with dental visit during pregnancy	2018 - 2023
Emergency department visits for avoidable/preventable dental condition	2018 - 2023
Number of private dentists participating in Denti-Cal (>\$10K billing/year)	2018 - 2023

¹Or the date that corresponds most closely to the end of the current state OHP grant.





APPENDICES

Oral Health Advisory Committee, Staff and Consultants (In alpha order)

Name	Affiliation/Organization
<i>Advisory Committee Members</i>	
Brian Bell, DDS	Private dentist
Ellie Zuiderveld, DDS	Private dentist
Eulalia Jimenez	Tulare County Public Health Tobacco Program
Frank Baughman	Private dentist
Jeremy Pierson	Hapy Bear Surgery Center
John Hamilton	Tulare/Kings Dental Society
Linda Ledesma	Lindsay Family Resource Center
Michele Morrow-Eaton	First 5 Tulare
Suzie Skadan	Visalia Unified School District
Timberly Romero	Parenting Network, Inc.
<i>Oral Health Program Staff</i>	
Aurora Lopez	Tulare County Public Health
Danette Franz	Tulare County Public Health
Sirena Gomez	Tulare County Public Health
<i>Consultants</i>	
Barbara Aved, PhD	Barbara Aved Associates

