

San Joaquin County

Oral Health Strategic Plan 2024-2029



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Letter from the Director and Health Officer

The 2024 San Joaquin County Oral Health Strategic Plan advances the Public Health Service's commitment to improving the health of all residents in our county, rooted in its dedication to health equity for all. Created in collaboration with a diversity of key partners in the county, this plan focuses on access to oral health prevention, education, and a community-clinical linkage to services for those who have the greatest need and the least capacity to access dental services.

Oral health is an essential part of overall health, yet historically, it has been difficult to access dental care in San Joaquin County. Poor oral health can lead to pain, difficulty speaking and eating, and increased absences from school and work.

Thanks to efforts outlined in our previous strategic plan, accessibility to services and education about the importance of oral health were improving, including school-based screenings and linkages to care, and integration of oral health education in primary care and other locales.

Unfortunately, the COVID-19 pandemic created a temporary lapse in oral health services for many due to the closure of dental offices, except for the treatment of emergency cases. While improving, utilization of services, including care from dental providers and specialists serving those with Medi-Cal insurance, has not reached pre-pandemic levels.

This strategic plan builds on past successes while addressing the needs of our county's residents. We have outlined a continued focus on oral health prevention and early intervention for residents of our county, knowing that preventing oral health problems early in life can improve overall health for a lifetime.

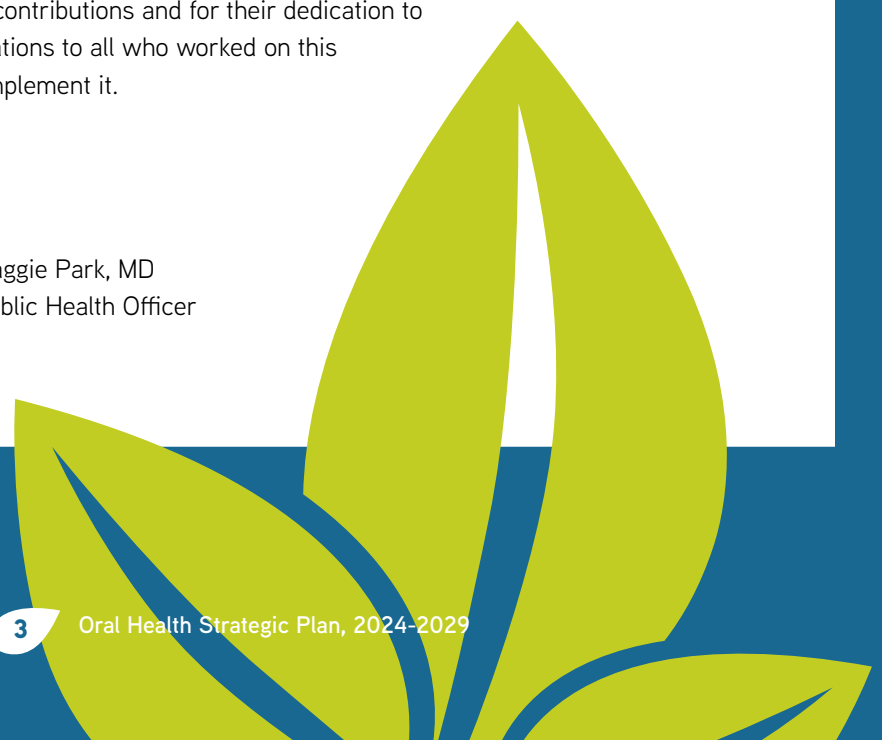
A central focus of this plan is the school-based/school-linked program, providing easily accessible screenings, including for kindergarten students, and linkages to dental care for those children who need it. This plan reflects the importance of community collaborations, sustainability, and best practices to assess and eliminate oral health disparities, guided by the values and commitment of our partners to bring oral health to all.

We enthusiastically share this 2024-2029 San Joaquin County Oral Health Strategic Plan and look forward to supporting the efforts to implement it. While Public Health Services will provide leadership in implementing much of the plan, the plan's success is dependent on the commitment and work of our community partners. We would like to thank our community partners for their contributions and for their dedication to improving oral health in our county. Congratulations to all who worked on this plan and who, we are sure, will successfully implement it.

Sincerely,

Renee Sunseri, DNP(c), MS, PHN
Public Health Director

Maggie Park, MD
Public Health Officer



Introduction

Oral health is a key component of overall well-being for individuals of all ages, contributing to a high quality of life and wellness across the lifespan. Ensuring optimal health for all residents is a cornerstone of public health in San Joaquin County. However, San Joaquin County has faced significant oral health challenges in achieving equitable access to preventive and dental treatment services in the community.

To address these challenges and improve population oral health, San Joaquin County Public Health Services (PHS) has received grant funding from the California Department of Public Health, Office of Oral Health to develop and implement a five-year strategic plan that identifies, prioritizes, and addresses some of the County's most pressing oral health challenges. Building on the achievements of the 2017-2022 strategic plan, this 2024-2029 strategic plan was developed in collaboration with over 30 community and health organizations. The previous strategic plan established a strong foundation for improving access to dental care and ensuring county-wide coordination of oral health programs for the underserved population. This plan outlines new and increased efforts to continue to improve the oral health of our community, with a focus on both prevention and treatment services.



Importance of Oral Health

Oral health plays a significant role in physical, social, and economic well-being, attributes that are essential to everyone's quality of life. In recent years, the importance of oral health as integral to overall health has been highlighted. According to the Oral Health in America Report,¹ about 60 adverse health conditions have been associated with oral health since the Surgeon General's report in 2000.² Research shows that dental decay can be prevented with good oral health practices and nutrition.

According to the National Institutes of Health (NIH), oral disease disproportionately affects population subgroups with limited economic resources, poor access to dental care, and lower levels of social influence, leading to many disparities and inequities.³ Addressing these inequities is a central focus of this strategic plan.

Oral Health Status in San Joaquin County

San Joaquin County is home to a diverse population of over 793,000 residents,⁴ representing a wide range of cultures, ethnicities, races, languages, and socioeconomic statuses. Notably, 41% of residents speak languages other than English at home, with over a quarter speaking Spanish.⁴ While this diversity enriches the County, it can also lead to disparities in oral health status and access to care. These disparities are often exacerbated by insufficient financial resources, lack of health and/or dental insurance, and the absence of culturally responsive practices in oral health services.



The Department of Health Care Services reports that 43% of San Joaquin County residents are eligible for the Medi-Cal program, and 58% of school-age children qualify for the Free or Reduced Price Meal (FRPM) program.¹³ These statistics highlight the critical need to address oral health issues and expand services to improve the community's overall oral health. Data from programmatic and service usage underscore this urgent necessity.

1. Utilization of dental services by children and adults covered by Medi-Cal has improved but remains below the state average.

- Annual dental visits for Medi-Cal recipients have recovered since the COVID-19 pandemic, with utilization rates similar in 2019.⁵
- Preventive dental service utilization is lower among Medi-Cal recipients over 18 years of age.

2. Racial disparities in oral health outcomes are evident across various community populations in San Joaquin County.

- Black and White children with Medi-Cal coverage consistently received dental sealants at a lower rate compared to Asian and Latinx/Hispanic children with the same coverage year after year.
- Pregnant women of Asian/Pacific Islander, Black, or Latinx descent showed a notably lower tendency to seek dental care during pregnancy when compared to pregnant White women (30.4%, 38%, 34.8% compared to 44.4%, respectively).⁶

3. The water systems in San Joaquin County are not fluoridated, which puts the population (especially those who are medically vulnerable and underserved) at a higher risk for dental caries.⁸

4. There are not enough dental providers or federally qualified health centers (FQHCs) to serve the County's Medi-Cal population.

- The Medi-Cal population-to-provider ratio is almost four times greater than the state average and more than twice the generally accepted benchmark (1 dentist per 4,306 Medi-Cal eligible in San Joaquin County compared to 1 dentist per 1,100 population for the state average and 1 dentist per 2,000 Medi-Cal eligible benchmark, respectively.^{4,9})

5. Community input revealed barriers to equitable access to local oral health services.

- Community survey respondents identified the main barriers to care, which included cost, fear, and lack of dental insurance.
- Community survey respondents who had a child 0-17 years who were unable to get dental care in the last 12 months identified the main barriers, which included inconvenient or unavailable appointment times and cost.

6. Kindergarten Oral Health Assessment (KOHA) reporting has increased, but efforts are needed to increase and promote the importance of KOHA.

- There are still high rates of tooth decay among youth in San Joaquin County.
- KOHA reporting has increased, but continuous reporting is needed, especially after the COVID-19 pandemic.

Best Practices in Community-Based Oral Health

Best and promising practices for dental public health can guide the development of effective strategies that meet the needs of the community. Below are some of those practices that informed our planning process in San Joaquin County:

- **Focus on Early Prevention** for children, prenatal oral health, and fluoride varnish application. Upstream approaches and starting with effective oral health preventive programs for pregnant women and young children help to prevent early dental decay and build a lifetime of good oral health habits.^{5,6}
- **School Oral Health Programs**, including School-Based Sealant Programs decrease access to care barriers for school-aged children by providing screening and preventive services and connecting children to care. Dental sealants have been shown to reduce dental decay in school-age children by 80%.⁷
- **Co-Location of Services** in places like Women, Infants, and Children (WIC) sites, schools, and community or senior centers. This approach brings services to where people are. School-based/school-linked programs and the utilization of mobile dental clinics in the community and for institution-bound individuals are some of the best examples of addressing barriers to access.
- **Community-based Oral Health Screening and Community-Clinical Linkages to Care** through oral health care coordination and other peer educators ensure that underserved populations can access culturally and linguistically appropriate support and assistance.
- **Outreach Programs with Educational and Preventive Services** bring community-wide and individual educational messages, including oral hygiene education and skill-building, that are age, culturally, and linguistically appropriate and delivered through trusted sources.
- **Integration of Medical and Dental** including dental screening, application of fluoride varnish, oral health education, and referral to a dental practitioner during well-child and/or Obstetrics (OB) visits.¹¹
- **Community-Wide Health Policies** can improve access to and the promotion of clean drinking water, limit consumption of sugar-sweetened beverages, and discourage youth access to tobacco and vape products.
- **Community Water Fluoridation** as an effective community-based strategy to reduce dental caries.⁸
- **Addressing Access to Care Barriers through Workforce Innovations.** This includes Virtual Dental Homes, the use of Registered Hygienists in Alternative Practices RDHAPs, and working with safety net clinics to retain and expand the dental workforce.



Oral Health Prevention and Treatment Resources

While more needs to be done to improve oral health among San Joaquin County residents, Public Health Services and community partners provide a variety of dental prevention and treatment services. These provide a strong foundation upon which to build and improve oral health in our county.



- **San Joaquin Treatment + Education for Everyone on Teeth + Health (SJ TEETH) Collaborative**

Since 2017, First 5 San Joaquin has maintained the SJ TEETH Collaborative. The Collaborative facilitates strong collaborations between stakeholders and leaders throughout the county, including partners from schools, community clinics, the local dental society, dental hygienists' association, and community-based organizations, including non-profit and for-profit providers and groups. The Collaborative is driven by a high level of interest and motivation across agencies to improve oral health in the county, including from partner agencies' leadership. A primary component of the SJ TEETH Collaborative is the SJ TEETH care coordination program, funded by First 5 San Joaquin, serving low-income families with children under age six.

- **St. Raphael's Free Dental Clinic**

St. Raphael's dental clinic is under the umbrella of St. Mary's Dining Hall, which provides free dental services to San Joaquin County's unhoused and working poor individuals and families for over 60 years. The clinic collaborates with the San Joaquin Dental Society, as well as other local agencies, to provide much-needed care to the population most in need, including uninsured individuals.

- **Virtual Dental Home Program**

The Virtual Dental Home Program (VDH) was established in 2017 by Community Medical Centers and serves over 40 sites in the county. It is a community-based oral health system that provides preventive and therapeutic services in community settings, such as schools. The program offers a mobile dental office equipped with telehealth technology that can send photos and X-rays to a dentist, who then establishes a treatment plan. The program has served over 45 school sites in the county and has served thousands of children and those with special needs.



- **School-Linked Dental Program**

The Local Oral Health Program (LOHP), in partnership with Community Medical Centers, provides a School-Based/School-Linked (SBSL) dental program for schools with high FRPM enrollment.¹² The services include oral health education, dental screenings, fluoride varnish application, sealants, care coordination, and referral management for children. Screenings have helped with KOHA reporting and gathering data on both untreated tooth decay and caries experience among the student population.

Currently, the School-Linked Dental program serves nine school districts throughout the county, targeting schools with a large low-income population. Memorandums of Understanding (MOUs) were established between schools and Community Medical Centers to continue services on an annual basis. The school-linked dental program expects to establish more MOUs with other schools and districts with high FRPM percentage enrollment to expand and sustain the program.



- **Give Kids A Smile & San Joaquin Dental Society Foundation**

The San Joaquin Dental Society Foundation was established in 2020 as the not-for-profit charity arm of the San Joaquin Dental Society to provide funding for dental health education and programs in our community. The foundation hosts an annual Give Kids a Smile (GKAS) event in February, providing free dental treatment and hygiene services to underserved and under-insured children in the San Joaquin County area. Treatment is provided regardless of insurance.



Methodology

This strategic plan was developed in collaboration with County and community-based organizations. The Strategic Planning Steering Committee was established from a cohort of the LOHP Oral Health Advisory Committee, consisting of providers, educators, PHS leadership, health administrators, and coordinators. The Steering Committee provided coordination and leadership of the strategic planning process.

A strategic planning retreat was held in March 2024, attended by 33 providers, community leaders, educators, health administrators, and PHS leadership.

At this retreat, the priorities and key strategies of this strategic plan were drafted. Subsequently, two workgroups further developed the strategic plan, including how the strategies might be implemented. The Steering Committee reviewed and provided feedback for the final plan.

This strategic plan lays out the foundation of the four focus areas with emphasis on oral health prevention, an action plan, and commitment to implementing and evaluating the effectiveness of our joint efforts.

Vision Statement, Guiding Principles, and Priority Populations

After a review of the previous oral health strategic planning, the Steering Committee re-committed to the last strategic plan's vision statement, guiding principles, and priority populations, with minor changes.

The PHS LOHP and community partners will continue to focus on achieving equity across racial and ethnic groups within these priority populations, as some groups experience greater barriers than others to achieving optimal oral health.



Vision Statement:

We envision a San Joaquin County where every person enjoys optimal oral health and is free of oral diseases.

San Joaquin County is a place where:

- Every layperson and health professional understands the importance of oral health and its relationship to overall health and wellness and,
- All residents have access to appropriate and affordable oral health promotion, prevention, early intervention, and treatment services.
- Continue to foster community partnerships through the inclusion of stakeholders and local agencies.
- Utilize evidence-based practices when providing oral health education, assessment, and treatment.

Guiding Principles:

- Improve oral health throughout San Joaquin County by focusing on prevention, not to the exclusion of treatment needs.
- Develop sustainable programs, systems, and policy changes.
- Provide culturally and linguistically appropriate services to the communities served.
- Focus on health equity by addressing social determinants of health, health disparities, and marginalized populations.

Priority Populations:

To guide and focus the Oral Health Strategic Plan, the Steering Committee defined priority populations for activities and interventions. As a result, this plan focuses primarily on populations where early-preventive practices will have the greatest impact:

- School-aged children*
- Children aged 0-5*
- Pregnant people

**Special focus on children with special health needs and children in foster care*

Focus Areas, Goals and Outcomes

Overview

These focus areas were based on the last strategic plan and the 2024 oral health needs assessment. The previous strategic plan had six focus areas, which were narrowed down to four with guidance from the Oral Health Steering Committee.

- School-Based/School-Linked Program and Kindergarten Oral Health Assessment
- Dental Provider Workforce
- Education & Promotion
- Countywide Coordination of Oral Health Programs



School-Based/School-Linked Dental Program and Kindergarten Oral Health Assessment (KOHA)

Goal:

Implement and expand school-based and school-linked (SBSL) dental programs with an effective care coordination component and ensure compliance with the Kindergarten Oral Health Assessment (KOHA) mandate.

Rationale:

The SBSL dental program was established in partnership with PHS and Community Medical Centers (CMC) to provide free services for students attending schools in the county, including free dental screenings, oral health education, and referrals for dental treatment as necessary. This plan builds on and improves the current SBSL program. KOHA is essential in identifying and treating dental disease early in a child's life. This plan supports school staff to be compliant with this State-mandated program.

Strategy 1:

Expand the dental provider network, optimize the adaptation of MDRAN to the school setting, and develop care coordination strategies to support the SBSL dental program and KOHA.

Strategy 2:

Expand and improve the effectiveness of the SBSL dental programs in priority schools.

Strategy 3:

Increase the engagement and support of the San Joaquin County Office of Education (SJCOE), School Districts, School Administration, staff, and families to implement the SBSL program and KOHA.

Strategy 4:

Increase countywide compliance with KOHA through training, data collection alignment strategies, and communication.

Outcomes:

1. Increase the number of eligible schools participating in SBSL dental programs to 10.
2. Provide at least 2,000 free dental screenings annually for children in K-6th grade at five priority schools.
3. Cultivate five to seven district-level oral health champions who can educate and influence schools to support SBSL program activities and improve KOHA reporting.
4. Increase the KOHA student completion rate by 15% from baseline.
5. Increase the number of school districts reporting KOHA from 11 to 14.

Dental Provider Workforce

Goal:

Expand the San Joaquin County Medi-Cal dental provider workforce.

Rationale:

San Joaquin County has continued to experience a shortage of dental providers and specialists to serve beneficiaries with Medi-Cal. To help with the expansion of the dental workforce, this plan is focused on recruitment initiatives and collaborative efforts with FQHCs to enhance community-based dental rotations for graduate dental provider students and other innovative strategies such as recruiting retiring dentists, tuition repayment programs, employing RDHAPs, etc.

Strategy 1:

Train dental providers on best practices for serving vulnerable and underserved communities through providing training on cultural competence and support for participation in the Medi-Cal Dental program.

Strategy 2:

Leverage innovative approaches to increase the number of dental providers in SJC that accept Medi-Cal.

Outcomes:

1. Train at least 50 dental providers, including dentists, RDAs, and RDHAPs, per year on best practices for serving Medi-Cal patients.
2. Increase the number of dental providers who accept Medi-Cal from 87 to 97.

Education and Promotion Workforce

Goal:

Integrate oral health education and prevention in PHS programs, early childhood programs, and education/outreach to medical providers.

Rationale:

Dental disease is preventable, yet many people are unaware of the importance of and how to maintain good oral health, as well as how to access treatment services. Based on the last strategic plan, a child-friendly oral health toolkit, Stella, was developed and disseminated in the County. The strategies in this plan continue this successful program, focusing on providing education where residents access other services, including primary care provider offices, early childhood settings, etc. Additionally, pediatric/prenatal providers and other PHS departments will be given information on how to integrate education about oral health in their work with patients and clients.

Strategy 1:

Integrate oral health with pediatric and pre-natal primary care.

Strategy 2:

Integrate oral health education and prevention into PHS

programs, early childhood programs, and community outreach activities.

Strategy 3:

Incorporate oral health into community Health Fairs and other local health events.

Outcomes:

1. Establish at least two memorandums of understanding (MOUs) with health plans to support the integration of medical and dental care.
2. Identify promising practices around oral health education/prevention programs and distribute information to all early childhood and PHS programs.
3. Distribute Stella educational toolkits to all early childhood and PHS programs to incorporate oral health topics into their educational programs.
4. Host one health fair focused on oral health.

Countywide Coordination of Oral Health Programs

Goal:

Build and sustain countywide coordination with the local oral health program.

Rational:

While the LOHP will provide leadership in implementing the Oral Health Strategic Plan, implementation and success of the plan will require collaboration and coordination among partner organizations, to be accomplished through the Oral Health Advisory Committee. Additionally, the sustainability of these oral health efforts, particularly care coordination, is essential for the ongoing improvement of oral health among San Joaquin residents.

Strategy 1:

Re-invigorate the San Joaquin Oral Health Advisory Committee (OHAC).

Strategy 2:

Develop and initiate the implementation of a countywide Community Water Fluoridation (CWF) strategy.

Strategy 3:

Develop sustainability for countywide oral health efforts focusing on the role of Community Health Workers.

Outcomes:

1. Host quarterly Oral Health Advisory Committee meetings with no less than 60% of members in attendance.
2. Provide community water fluoridation training and resources to at least 20 community partners and water engineers.
3. Implement a care coordination platform with at least two Health Plans participating.



Measuring Progress in Oral Health – Key Indicators

For this oral health strategic plan, six indicators were identified to measure progress in implementing and completing each goal. Target goals were based on the last oral health strategic plan, along with guidelines from county and statewide resources.



Caries experience among kindergartners

Baseline	5 Year Goal
San Joaquin County	
28.8% ¹³	Decrease by 5% or more

Untreated dental decay among kindergartners

Baseline	5 Year Goal
San Joaquin County	
12% ¹³	Decrease by 5% or more

Children enrolled in Medi-Cal with dental sealant on a molar (6-9 years)

Baseline		5 Year Goal
California	San Joaquin County	
16.6% ⁵	16.3% ⁵	Increase to 20% or more

Private dentists accepting Medi-Cal

Baseline	5 Year Goal
San Joaquin County	
81	Increase to 91 or more

Preventive dental visit among children 0-20 years of age enrolled in Medi-Cal

Baseline		5 Year Goal
California	San Joaquin County	
44.3% ⁵	42.3% ⁵	Increase to 45% or more

Health Plans participation in MDRAN care coordination platform

Baseline	5 Year Goal
San Joaquin County	
NA	Onboard two or more

Summary of the 2024-2029 Action Plan

For this plan, six indicators were chosen to measure the progress of the LOHP's strategic plan. The goals were based on statewide and county data, along with the California Oral Health Plan 2018-2028.



School-Based and School-Linked Program (SBSL) and Kindergarten Oral Health Assessment (KOHA)

Outcomes

- A. Increase the number of eligible schools participating in SBSL dental programs to 10 from baseline.
- B. Provide at least 2,000 free dental screenings annually for children in K-6th grade at five priority schools.
- C. Cultivate five to seven district-level oral health champions who can educate and influence schools to support SBSL program activities and improve KOHA reporting.
- D. Increase the KOHA student completion rate by 15% from baseline.
- E. Increase the number of school districts reporting KOHA from 11 to 14.

Strategy	Action Step
1. Expand the dental provider network, optimize the adaptation of MDRAN to school settings, and develop care coordination strategies to support the SBSL dental program and KOHA.	a. Develop a care coordination plan in collaboration with partner agencies and schools.
	b. Adapt the Medical Dental Referral and Navigation System (MDRAN) and/or other dental referral management system(s) to manage dental care coordination at the schools.
	c. Identify Community Health Workers (CHWs), Community-Based Organizations (CBOs), and/or existing San Joaquin Treatment and Education for Everyone on Teeth (SJ TEETH) care coordinators who can provide care coordination for schools participating in SBSL dental programs.
	d. Adapt referral criteria and protocols for linking children to a source of dental care and train school nurses and staff to utilize and facilitate the referral process.
	e. Maintain a network of dental providers who will accept children identified with oral health service needs, including providers who partner with SJ TEETH.

2. Expand and improve the effectiveness of the SBSL dental programs in priority schools.	a. Work closely with existing Local Oral Health Program (LOHP) contractor Community Medical Centers (CMC) to successfully implement SBSL programs and identify areas of improvement, including consent rate, data entry, and care coordination.
	b. Increase promotion of the school dental programs with participating and non-participating priority schools and local dental providers.
	c. Provide dental program presentations for parents/guardians in communication with schools and providers.
	d. Engage in continuous quality improvement (QI) to address school staff turnover and other challenges.
	e. Identify and enhance the role of school nurses in SBSL programs through promotion, education, identification, and referral of urgent cases.
	f. Develop an annual expansion plan annually, including identifying the priority schools that will receive services and dental providers who are willing to receive referrals.
	e. Develop new performance metrics and RBA measures for the SBSL program.
3. Increase the engagement and support of the San Joaquin County Office of Education (SJCOE), school districts, school administration, staff, and families to implement the SBSL program and KOHA.	a. Participate in annual SJCOE Professional Development days to educate school staff on (1) the SBSL program and the importance of oral health and (2) provide technical assistance on administering KOHA paperwork to parents and how to report the data to the state annually.
	b. Engage with SJCOE and individual districts to find alignment around how oral health can support their educational goals; develop oral health strategies tailored to the school environment; and include oral health concepts and oral hygiene into the school curriculum.
	c. Raise awareness for schools to re-dedicate their Local Control and Accountability Plan (LCAP) funding toward KOHA and oral health.
	d. Identify at least three oral health champions.
4. Increase countywide compliance with KOHA through training, data collection alignment strategies, and communication.	a. Identify barriers in KOHA reporting and areas of needed improvement in communication with parents, forms collection, and data entry into SCOHR.
	b. Improve data tracking methods and KOHA form completion by contractors after on-site dental services.
	c. Leverage communication materials, technical assistance materials, and training materials and tools for school staff and nurses to improve reporting infrastructure and adequate flow of activities.
	d. Identify and maintain a list of personnel at schools, districts, or LOHPs who are responsible for reporting processes across districts and provide training on SCOHR.
	e. Identify policy changes to communicate and enforce the KOHA mandate and its importance.
	f. Monitor existing performance metrics and RBA measures for KOHA.

Dental Provider Workforce

Outcomes

- A. Train at least 50 dental providers, including dentists, RDAs, and RDHAPs, per year on best practices for serving patients with Medi-Cal coverage.
- B. Increase the number of dental providers who accept Medi-Cal from 87 to 97.

Strategy	Action Step
1. Train dental providers on best practices for serving vulnerable and underserved communities through providing training on cultural competence and support for participation in the Medi-Cal Dental program.	a. Identify organizations to develop training curriculum to build the capacity of dental providers to serve Medi-Cal patients.
	b. Train dentists and registered dental hygienists in alternative practice (RDHAPs) on the changes in Medi-Cal enrollment processes and inform providers of increased reimbursement rates.
	c. Provide continuing education (CE) courses in partnership with Delta Pacific Dental Hygienist's Association (DPDHA) on how best to serve Medi-Cal patients, with a focus on equity and addressing common misunderstandings.
2. Leverage innovative approaches to increase the number of dental providers in SJC that accept Medi-Cal.	a. Collaborate with FQHCs and educational institutions to encourage dental students to work in San Joaquin County after graduation, including promotion and advocacy of tuition repayment programs for dental providers, including dentists, dental hygienists, and dental assistants.
	b. Identify retirees/dentists nearing retirement and encourage them to offer services to Medi-Cal patients, initially on a limited basis, such as one to two times per month.
	c. Partner with dental schools and FQHCs to explore implementing Community-Based Dental Education rotations at San Joaquin County clinics.

Other Partners:

- Delta Pacific Dental Hygienist's Association (DPDHA)
- San Joaquin Dental Society (SJDS)
- Smile CA/Medi-Cal Representatives
- Representatives from repayment Eligible Entities (e.g., loan forgiveness recipient, Golden Valley Health Centers, Community Medical Centers, etc.)
- School representatives (University of the Pacific (Up), University of California San Francisco (UCSF), California Northstate University (CNUS), Carrington College, and other local dental hygiene programs)
- Health Plans (Kaiser, Health Plan of San Joaquin, Health Net)
- LOHP will assist in facilitating the process

Education and Promotion

Outcomes

- A. Establish at least two memorandums of understanding (MOUs) with health plans to support the integration of medical and dental care.
- B. Identify promising practices around oral health education/prevention programs and distribute information to all early childhood and PHS programs.
- C. Distribute Stella educational toolkits to all early childhood and PHS programs to incorporate oral health topics into their educational programs.
- D. Host one health fair focused on oral health.

Strategy	Action Step
1. Integrate oral health with pediatric and pre-natal primary care.	a. In collaboration with the San Joaquin Medical Society (SJMS) and San Joaquin Dental Society (SJDS), hold a provider round table event in partnership with Maternal, Child and Adolescent Health (MCAH) for primary care providers and nurses to discuss the importance of oral health and its inclusion in the medical setting.
	b. Encourage in-office oral health education and prevention for primary care patients in waiting rooms, play Stella videos, posters, etc., by developing and disseminating an oral health toolkit to pediatric and pre-natal primary care providers.
	c. Convene and engage managed care plans, e.g., Kaiser, HealthNet, and San Joaquin Health Plan, to incorporate oral health training and education for providers into their MOUs with PHS.
2. Integrate oral health education and prevention into PHS programs, early childhood programs, and community outreach activities.	a. Expand upon information and education about oral health that is incorporated into all PHS early childhood programs, and ensure PHS staff (nurses, CHWs, social workers, etc.) are trained to provide oral health education.
	b. Identify and disseminate information regarding best practices around oral health education and prevention for early childhood centers, including educational curriculum on oral hygiene practices and the importance of preventive dental services.
	c. Explore successful early childhood oral health programs and consider replicating promising practices in licensed childcare centers in San Joaquin County.
	d. Continue to expand oral health in all appropriate PHS programs and messaging, specifically MCAH Programs and public health nurse home visits.
	e. Continue to incorporate oral health resources at Family Resource Center's (FRCs) annual childcare provider professional development day, parent cafes, etc.
3. Incorporate oral health into community health fairs and other local health events.	a. Provide outreach at community events and through partnerships with other public health programs and community-based organizations.
	b. Hold health fair(s) focused on oral health in partnership with community organizations (Tooth Fairy Day, Screening Series, etc.).

Other Partners:

- Health care volunteers
- CBOs
- Schools
- University of the Pacific Dental Students
- Health Plans

Countywide Coordination of Oral Health Programs

Outcomes

- Host quarterly Oral Health Advisory Committee meetings with no less than 60% of members in attendance.
- Provide community water fluoridation training and resources to at least 20 community partners and water engineers.
- Implement a care coordination platform with at least two Health Plans participating.

Strategy	Action Step
1. Re-invigorate the San Joaquin Oral Health Advisory Committee (OHAC).	a. Maintain ongoing engagement of OHAC membership, including key stakeholders, to implement the Oral Health Strategic Plan. This includes collaborating with managed care plans, Smile CA, school representatives, early childhood representatives, etc.
	b. Develop methods for communication and document sharing (i.e., meeting minutes, agenda, etc.).
	c. Address and resolve challenges faced during the implementation of the Oral Health Strategic Plan.
	d. Share updates on the implementation progress of the Oral Health Strategic Plan in a clear and transparent manner.
2. Develop and initiate the implementation of a countywide Community Water Fluoridation (CWF) strategy.	a. Increase community awareness regarding the importance of CWF, including disseminating educational resources on the benefits of CWF.
	b. Share training resources with water engineers on the link between CWF and oral health.
3. Develop sustainability for countywide oral health efforts focusing on the role of Community Health Workers.	a. Strengthen and cultivate partnerships with the health plans to collaborate on MDRAN with Children Now and SJ TEETH to monitor the development of sustainable care coordination efforts utilizing CHW reimbursement and engagement of health plans.
	b. Develop a process for providing regular feedback on the implementation of MDRAN that will be used across oral health programs.
	c. Identify and secure funding for LOHP ongoing efforts.

List of Participants and Acknowledgments

Aneiya Vickers

Mary Magdalene Community Services

Annelie Steele, BSN, RN, PHN, CCM

SJC Public Health Services – Childhood Health & Disability Program (CHDP)

Arline Favis

St. Joseph's Medical Center

Bobby Kenoly

Mary Magdalene Community Services

Briana Velazquez

El Concilio

Brianna Prince, RDHAP

University of the Pacific – Dugoni School of Dentistry

Elena Francisco, RDHAP, MS

University of the Pacific – Dugoni School of Dentistry

Eileen Espejo

Children Now

Gloria Doronio, MSN, RN

SJC Office of Education – Head Start

Isha Khan

San Joaquin Health Centers

Jasmine Mahan

Mary Magdalene Community Services

Jenica Pheap, RDA

Golden Valley Health Centers

Jose Morales

First 5 San Joaquin

Karissa McGuffin, RDH

Valley Mountain Regional Center

Katelynn Peirce, MPH, CHES

SJC Public Health Services

Kelly Henriquez, RDHAP

University of the Pacific – Dugoni School of Dentistry

Leanne Parker

SJC Public Health Services – Maternal, Child, & Adolescent Health (MCAH)

Linh DeLuca, DDS

Community Medical Centers

Maggie Park, MD

Public Health Officer

Marisela Pineda, MPH

First 5 San Joaquin

Marisol Martinez

Health Plan of San Joaquin

Nicki Moss

Family Resource Network

Noun Sok

Asian Pacific Self-Development & Residential Association (APSARA)

Perry Shelton

Health Net

Quincel Quiambao

Little Manila Rising

Renee Sunseri, DNP, MS, PHN

SJC Public Health Services

Robyn Alongi

Oral Health Solutions

Savong Pheng

Asian Pacific Self-Development & Residential Association (APSARA)

Shanda Wallace, RN, BSN

Sacramento City College

Sharrie Sprouse

Stanislaus County Local Oral Health Program

Stephanie Guzman

El Concilio

Surbhi Jayant, MSN, RN, PHN

SJC Public Health Services – Children's Medical Services

Teresa Hopson

Catholic Charities

Tran Nguyen

Family Resource & Referral Center

Ursula Fung, RN, PHN

SJC Public Health Services – Maternal, Child, & Adolescent Health (MCAH)

Public Health Services Staff

Aileen Hinh, MPH

Breanna Williams, MPH, MSBH

Brianna Padua, MPH

Daniel Kim, MPH, MCHES, CPH

Strategic Planning Consultants

Miriam Abrams

Miriam Abrams & Associates

Dr. Bahar Amanzadeh, DDS, MPHS

Public Health and Innovations Consulting

California Oral Health Technical Assistance Center
(COHTAC)

Glossary of Terms

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

Care Coordination: An approach that has proven beneficial in achieving better healthcare outcomes by deliberately coordinating patient care activities through communication with the parties involved. Care coordination can effectively connect priority populations to the dental services they need.

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.

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

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

Indicators: 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.

Kindergarten Oral Health Assessment (KOHA) (AB1433): California state legislation requires that children have a dental checkup by May 31 of their first year in public school, at kindergarten or first grade. (<http://www.cda.org/public-resources/kindergarten-oral-health-requirement>)

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

Registered Dental Hygienist (RDH): A licensed dental professional who works independently or alongside a dentist. They have training and education to assess oral health and offer specific preventive and educational services with a focus on periodontal health.

Registered Dental Hygienist in Alternative Practice (RDHAP): A licensed dental hygienist with specialized training to permit the RDHAP to practice in alternative settings, which may include schools, skilled nursing facilities, hospitals, private homes, and in some cases, RDHAP offices.

San Joaquin Treatment & Education for Everyone on Teeth & Health (SJ TEETH) Collaborative: A group of stakeholders who work collaboratively to address oral health issues and improve outcomes for San Joaquin County Residents. The Collaborative was created with the mission to prevent and treat oral diseases, increase awareness of the importance of dental health to overall health, and increase access to dental services. Their vision is to eliminate dental disease in children and promote a lifetime of dental health.

Sealants: A resin material applied to the chewing surfaces of molar and premolar teeth to prevent caries.

Virtual Dental Home: The Virtual Dental Home (VDH) is a community-based system of dental care that provides all the essential ingredients of a “dental home” in community settings. VDH uses geographically distributed telehealth-connected teams to bring needed preventive and restorative services to people who might not otherwise see a dentist. It emphasizes prevention and early intervention services in those settings and links and expands the involvement of dental offices and clinics to those groups and settings.

Women, Infants, and Children (WIC): The Special Supplemental Nutrition Program for Women, 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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