California Oral Health Plan: Implementation

Office of Oral Health
California Department of Public Health

February 25, 2020
Acknowledgement

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• Shannon Conroy, MPH, PhD, Research Scientist Supervisor
Topics

• California Oral Health Plan development, strategies and priorities
• Implementation of the plan
• Tracking progress and measuring outcomes
Background

2014-2015
Legislature authorized funding
- Re-establish an Oral Health Program

State Dental Director
- Provide Leadership
- State OH Plan
- Advisory Committee

Oral Health Epidemiologist
- OH Burden Report
- Surveillance
Legislative mandate: Addressing oral health
California Oral Health Plan: Priority Area Components

Priority Area

Goal

Objective

Goal

Objective

Objective

Objective

Strategy

Strategy

Strategy

Strategy

Strategy

Activities

Interventions

Tactics

Activities

Interventions

Tactics

Activities

Interventions

Tactics

Activities

Interventions

Tactics

Measurable Objectives

Source: ASTHO
Tooth Decay Prevalence (%) in 3rd Grade Children

Latest data
Percentage of students with Caries Experience (treated or untreated tooth decay)
Breakdown: Grade – Third Grade

2009-12 % 95% CI
All 45.2 (39, 52)

47.3% in 2016-27

Source: CDC
Proposed State Oral Health Plan Strategies

- **Pregnancy**
- **Year 1**
- **Early childhood**
- **School entrance**
- **3rd Grade**

**Health Literacy** – **Insurance Coverage** – **Water Fluoridation**

**Brushing – Reducing Sugar**

**Dental Visit**

**Inter-professional Collaboration – Community Clinical Linkages – Dental Care Delivery System**

- 71%
- 56%
Oral Health Program

- Technical Package
- Partnership
- Surveillance & Evaluation
- Performance Management System
- Communication
- Political Support

## Goal: Cavity-free California

<table>
<thead>
<tr>
<th>Aim</th>
<th>Technical Package</th>
<th>What is needed to move the agenda?</th>
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</thead>
<tbody>
<tr>
<td>Reduce tooth decay and untreated disease</td>
<td>Community Water Fluoridation</td>
<td>• A measurement system</td>
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<tr>
<td>• National survey of children’s oral health</td>
<td>Dental Visit</td>
<td>• Policy support</td>
</tr>
<tr>
<td>• Kindergarten oral health assessment</td>
<td>Community Clinical Linkage</td>
<td>• Community support</td>
</tr>
<tr>
<td>• Survey of 3rd grade children</td>
<td>Kindergarten Oral Health Assessment</td>
<td>• Funding</td>
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<tr>
<td></td>
<td>Oral Health Literacy</td>
<td>• Availability of trained personnel</td>
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<td></td>
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<td>• Resources, Training &amp; Technical Assistance</td>
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</table>
Building Infrastructure and Capacity
ASTDD Guidelines for SOHP

- Structure & Placement of Program
- Staffing
- Funding

• Fund in the amount of thirty million dollars ($30,000,000) annually shall be used to provide funding to the State of California Department of Public Health State Dental Program.

• For the purpose and goal of educating about, preventing and treating dental disease including dental disease caused by use of cigarettes and other tobacco products.
From Law to Implementation

Budget Change Proposal (BCP) for new funding

Legislature and Governor’s Office determine if the proposal is feasible and follows the new law
BCP to Implementation

Center For Healthy Communities

Office of Legal Services
- Nutrition Education & Obesity Prevention
- Tobacco Control Program

Contract Management Unit
- Maternal Child and Adolescent Health
Collaboration

- Review Funding Formulas/Allocation Methodologies
- Review Grants vs. Contracts
- Meet with Legal/CMU regarding Procurement Mechanism
- Determine Funding Formula
- Meet with HR regarding Hiring & Recruitment
Moving from Planning to Action
Use of Tobacco Tax Funds

- **State Oral Health Program**: $3M
- **Local Oral Health Program**: $18M
- **Training & Technical Assistance**: $1M
- **Surveillance & Evaluation**: $2M
- **Communication & Health Literacy**: $2M
- **Special Projects**: $4M
Timeline - Program

May-August 2017

Grant Based Program for Local Health Jurisdictions

Develop Program Guidelines and Funding Tiers

Develop Work Plan Template
Local Oral Health Program
Local Oral Health Program Grant Mechanism
Grant Term 2017-2022

Purpose: Assist 59 Local Health Jurisdictions in the development or expansion of their Local Oral Health Program (LOHP).

Phase I: Planning
Work Plan Objectives 1-5

Phase II: Implementation
Work Plan Objectives 6-11
Goal: To improve the oral health of Californians

The goal of the LOHP is to create and expand capacity at the local level to educate, prevent, and provide linkages to treatment programs.

Program activities related to oral health: education, disease prevention, linkage to treatment, case management and surveillance.

The goal shall be achieved by providing funding for activities that support demonstrated oral health needs and prioritize underserved areas and population.
Funding Tiers

- LHJs are grouped into 4 funding tiers to describe differences in work performance requirements based on the annual funding.
- Funding amounts determined by using the estimated low-income population based on the 2015 American Community Survey Five-Year Estimates.

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1701&prodType=table
All planning Objectives 1-5 are required.

All implementation Objectives 6-7 are required.

Objectives 8-11 are based on Tier requirements.
## LHJ 2017-22 SOW Requirements by Funding Tier

<table>
<thead>
<tr>
<th>Tier</th>
<th>Requirement</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>LHJs projected to receive funds less than $200,000 per year.</td>
<td>LHJs projected to receive funds of $200,000 or more and less than $700,000 per year.</td>
<td>LHJs projected to receive funds of $700,000 or more and less than $900,000 per year.</td>
<td>LHJs projected to receive funds of $900,000 or more per year.</td>
</tr>
<tr>
<td></td>
<td>Additional Implementation Objectives: Required additional objectives to be selected by the LHJ from Obj. 8-11, for the entire grant term.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Applicable LHJs</td>
<td>32</td>
<td>22</td>
<td>4</td>
</tr>
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</table>

### Funding Tier
- **1**
- **2**
- **3**
- **4**

Not Funded
Local Oral Health Program (LOHP) Scope of Work Objectives

Aligning programs with established evidence-based practices
**Local Oral Health Program (LOHP) Scope of Work Objectives**

**Build**

**Objective 1:** Build capacity and engage community stakeholders.
- Identify a project coordinator, establish an advisory committee, develop guiding principles.

**Develop**

**Objective 2:** Develop a Needs Assessment with a special focus on Social Determinants of Health.
- Engage advisory committee, collect data, publish findings.
<table>
<thead>
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<th>Map</th>
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<tr>
<td><strong>Objective 3:</strong> Map community assets and resources addressing the oral health needs with an emphasis on underserved areas and vulnerable populations.</td>
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<tr>
<td>- Develop an asset map, conduct focus groups, publish.</td>
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<tr>
<th>Develop</th>
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<tr>
<td><strong>Objective 4:</strong> Develop a Community Health Improvement Plan (CHIP) &amp; Action Plan.</td>
</tr>
<tr>
<td>- Identify goals &amp; objectives, form work groups, write S.M.A.R.T. goals, publish plan.</td>
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</table>
LOHP Scope of Work
Objectives cont.

**Objective 5:** Develop an Evaluation Plan to track progress.
- Develop process & formative evaluation questions, develop a logic model.

**Objective 6:** Implement evidence-based programs.
- Establish school-based/linked sealant program, identify educational curriculums, assess fluoride programs, promote community water fluoridation.
LOHP Scope of Work

Objectives cont.

**Objective 7:** Establish community engagement partnerships & Kindergarten Oral Health Assessment (KOHA) implementation.
- Enforce and assure AB 1433, establish policy & guidelines, establish partnerships, assess KOHA status, develop KOHA reporting system trainings.

**Objective 8:** Address common risk factors for oral diseases and chronic diseases including tobacco & sugar.
- Promote tobacco-free & sugar-free campaigns to dental offices through tobacco cessation and Rethink Your Drink trainings.
**Objective 9**: Coordinate outreach programs; implement education, health literacy campaigns & promote integration of oral health and primary care.  
- Recruit partners to launch health literacy campaigns.

**Objective 10**: Assess, support, and assure establishment of effective oral healthcare delivery and care coordination systems and resources, including workforce development and collaborations to serve underserved areas and vulnerable populations.
Objective 11: Create or expand existing local oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies.

Create
COHTAC provides technical assistance to LOHPs in order to implement dental public health best practices, approach and how to implement.

**School-Based/School-Linked**
Providing resources and best practices on how to implement oral health preventive programs for school-aged children.

**Tobacco Cessation**
Providing assistance on how to bring tobacco cessation programs into the dental setting through resources and training materials.

**Water Fluoridation**
Promoting safe drinking water as an effective and efficient way to prevent tooth decay.

[https://oralhealthsupport.ucsf.edu/about-us](https://oralhealthsupport.ucsf.edu/about-us)

Trainings are provided on many topics via webinar.
Public Health Surveillance System Cycle

Evaluation of Surveillance System
Application to Public Health Programs
Dissemination & Communication
Interpretation of Results
Data Analysis
Data Collection
Planning & System Design

California Oral Health Surveillance System

- Develop surveillance plan
- Core set of measures/indicators
- Ongoing surveillance of trends
- Disseminate/communicate timely
- Improve oral health of Californians throughout the lifespan


https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/Pages/OralHealthProgram/OralHealthProgram.aspx
**Target Populations for Caries (Experienced and Untreated)**

- **Head Start***
- Kindergarten
- Third Grade
- Children 2-19 years
- Children/adolescents < 18 years with special needs
- **Adults ≥ 35 years***
- **Adults ≥ 65 years in longer-term care facilities, at congregate meal sites***
- **Adults ≥ 18 years with disabilities***
# Data Sources

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
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<tbody>
<tr>
<td>Kindergarten Oral Health Assessment (AB 1433)</td>
<td>Behavioral Risk Factor Surveillance System</td>
</tr>
<tr>
<td>ASTDD Basic Screening Survey – 3rd Grade</td>
<td>California (CA) Health Interview Survey</td>
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<td></td>
<td>National Health and Nutrition Examination Survey</td>
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<td>National Survey of Children’s Health</td>
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<td></td>
<td>CA Office of Statewide Health Planning and Development</td>
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<td></td>
<td>CA Department of Health Care Services</td>
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<td></td>
<td>CA Cancer Registry</td>
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<td></td>
<td>Water Fluoridation Reporting System</td>
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Tooth Decay in Children

Healthy People 2020 Target 30%

Healthy People 2020 Target 49%

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<thead>
<tr>
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<th>Percent</th>
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<tbody>
<tr>
<td>CA Kindergarten</td>
<td>53.6</td>
</tr>
<tr>
<td>U.S. Baseline (ages 3-5)</td>
<td>33.3</td>
</tr>
<tr>
<td>CA 3rd Grade</td>
<td>70.9</td>
</tr>
<tr>
<td>U.S. Baseline (ages 6-9)</td>
<td>54.4</td>
</tr>
</tbody>
</table>

(Source: California, The California Smile Survey, 2006; Healthy People 2020 baseline NHANES 1990-2004)
Severe Tooth Loss in California

Older Adults (65+ years)

Source: California Behavioral Risk Factor Surveillance System (BRFSS), California Department of Public Health.
Prevalence of Severe Periodontitis in Adults (age >65 years) - NHANES 2009-2014

Race and Ethnicity

- Mexican American: 24%
- Other Hispanic: 18.2%
- non-Hispanic blacks: 7.2%
- non-Hispanic white: 12.2%

Socioeconomic Level

- <100% FPL: 13.3%
- 100-199% FPL: 12.7%
- 200-399% FPL: 8.1%
- < 400% FPL: 6.3%

Smoking Status

- None: 7.8%
- Former: 8.1%
- Current: 24.9%

Severe periodontitis defined as having 2 or more interproximal sites with clinical attachment loss ≥ 6 mm (not on the same tooth) and 1 or more interproximal sites with periodontal probing depth ≥ 5 mm.

Place Matters
Oakland by Census Tract

Visits to dentist or dental clinic among adults ages ≥ 18 years 2016

All teeth lost among adults ages ≥ 65 years 2016

Data Source: Centers for Disease Control (CDC), 500 Cities Project; CDC BRFSS 2016, US Census Bureau 2010, ACS 2012-2016
CA Oral Health Surveillance System Evaluation

- Informs programs/policies
- Engage and responsive to stakeholders
- Address needs of LOHPs

- Efficient, consistent, timely
- Address data gaps
- Vulnerable populations data

- Tailored for Local Oral Health Programs (LOHPs)
- Utility, relevant, timely, accessible
Monitor California State Oral Health Plan


DRAFT CA STATE ORAL HEALTH PLAN SCORE CARD
Local Oral Health Programs Evaluation Plans

Adapted from CDC’s Developing Effective Evaluation Report

Framework for Program Evaluation in Public Health MMWR 1999;48(No. RR-11)
Conclusion

• California has developed a robust program to improve oral health of children
• A partnership is in place to implement key strategies
• A system to track progress is being implemented
• Looking forward to sharing successes
Thank you!

Email: DentalDirector@cdph.ca.gov