

ORAL HEALTH STRATEGIC PLAN



2019-2023

**RIVERSIDE COUNTY
ORAL HEALTH PROGRAM**

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	3
LOCAL ORAL HEALTH PROGRAM.....	4
MISSION, VISION & GUIDING PRINCIPLES	5
METHODS.....	6
COMMUNITY HEALTH ASSESSEMENT	7
COUNTY PROFILE	9
BARRIERS TO CARE	11
KEY FINDINGS	12
ORAL HEALTH STATUS	13
SELECTION OF PRIORITY AREAS.....	16
PRIORITY AREAS SUMMARY PAGE	17
PRIORITY AREA 1: ORAL HEALTH SURVIELLANCE	18
PRIORITY AREA 2: COLLABORATION	19
PRIORITY AREA 3: COMMUNICATION & EDUCATION	20
PRIORTY AREA 4: INTEGRATION.....	21
PRIORTY AREA 5: ACCESS TO CARE.....	22
NEXT STEPS AND SUSTAINABILITY.....	23
ACKNOWLEDGEMENTS	24
APPENDIX.....	25
GLOSSARY.....	27
REFERENCES	30

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

In 2016, with the passage of Proposition 56 by California voters, the California State Legislature authorized funding to the California Department of Public Health (CDPH) to address the burden of oral disease statewide. The California Oral Health Plan 2018-2028 offers the structure for collective action to assess and monitor oral health status and oral health disparities, prevent oral diseases, increase access to dental services, promote best practices and advance evidence-based policies.

In September 2017, CDPH granted Riverside County the authority to create a Local Oral Health Program. The local program plan works towards achieving the goals and objectives outlined in the State Oral Health Plan 2018-2028 and is a guide for working collaboratively to leverage resources and achieve greater impact. It acknowledges the need to undertake several different approaches concurrently that respect racial and cultural differences, language barriers, behavioral concerns and the health literacy levels of diverse individuals in need of oral health services and education in Riverside County.

NEED FOR ACTION

National reports consistently rank California in the lower quartile among states with respect to children's oral health status and the receipt of preventive dental services. A previous CDPH report, the *Status of Oral Health in California: Oral Health Disease Burden and Prevention 2017* found that the state is not on track to achieve many of the Healthy People 2020 national goals and objectives. There are marked oral health disparities with respect to race and ethnicity, income, and education. For example, in California 54 percent of kindergarteners and 70 percent of third graders have experienced dental caries (tooth decay) and nearly one-third of children have untreated tooth decay.

COMMITMENT TO IMPROVE

As a result of recent policies and program changes, California and Riverside County have developed strategies that address the burden of oral diseases. The Riverside County Oral Health Program (RC-OHP) will work with community partners and seek to fully implement these policy and program changes for the benefit of those we serve including tele-dentistry, first dental visit, Kindergarten oral health screening, and informing members of their expanded dental benefits under the Medi-Cal Dental Program.



LOCAL ORAL HEALTH PROGRAM

BACKGROUND

In 2016, with the passage of Proposition 56 by California voters, the California State Legislature authorized funding to the California Department of Public Health (CDPH) to address the burden of oral disease statewide. The California Oral Health Plan 2018-2028 offers the structure for collective action to assess and monitor oral health status and oral health disparities, prevent oral diseases, increase access to dental services, promote best practices, and advance evidence-based policies.

In September 2017, CDPH granted Riverside County the authority to create a Local Oral Health Program. The local program plan also known as the Riverside County Oral Health Strategic Plan (RC-OHSP) works towards achieving the goals and objectives outlined in the State Oral Health Plan 2018-2028 and is a guide for working collaboratively to leverage resources and achieve greater impact. It acknowledges the need to undertake several different approaches concurrently that respect racial and cultural differences, language barriers, behavioral concerns, and the health literacy levels of diverse individuals in need of oral health services and education in Riverside County.

PURPOSE

The purpose of the RC-OHSP is to describe how oral health partners and community organizations will work together to create oral health equity in Riverside County. The plan allows agency leadership and participating entities responsible for implementing local oral health initiatives the flexibility to develop creative solutions and respond to new and emerging oral health issues. By strengthening our public-private partnerships, we can renew our efforts towards a healthier, more equitable Riverside County.

PROCESS

During the first year of funding, a comprehensive oral health needs assessment was completed. This information was used to create the RC-OHSP. First steps included engaging the community and forming a coalition of stakeholders. Due to differences in local resources and in the geographic regions our County serves (7,200 square miles) it was deemed important to create two distinct community coalitions, one in the desert region and one in the western region of the County. Riverside University Health System-Public Health began to engage local stakeholders—including early learning sites, the office of education, dental providers, county social services agencies and community-based providers that serve vulnerable populations. Advisory members identified critical oral health needs of the region such as limited oral health resources and assets, decreased provider capacity, barriers to care and identifying priority areas for the RC-OHSP.



Oral Health Advisory Panel October 2018

MISSION AND VISION

MISSION

Improving Riverside County's oral health through collaboration, outreach, education and advocacy.

VISION

Riverside County residents achieve optimal oral health for their own best overall health and well-being.

GUIDING PRINCIPLES

These three principles guided the Riverside County oral health planning process:

1. Oral health is essential for lifelong health and well-being.
2. The long-term success of oral health programs requires thoughtful, deliberate and innovative models of action.
3. Relationships are built based on communication, trust and shared values to improve oral health for all.



METHODS AND FIRST STEPS

METHODOLOGY

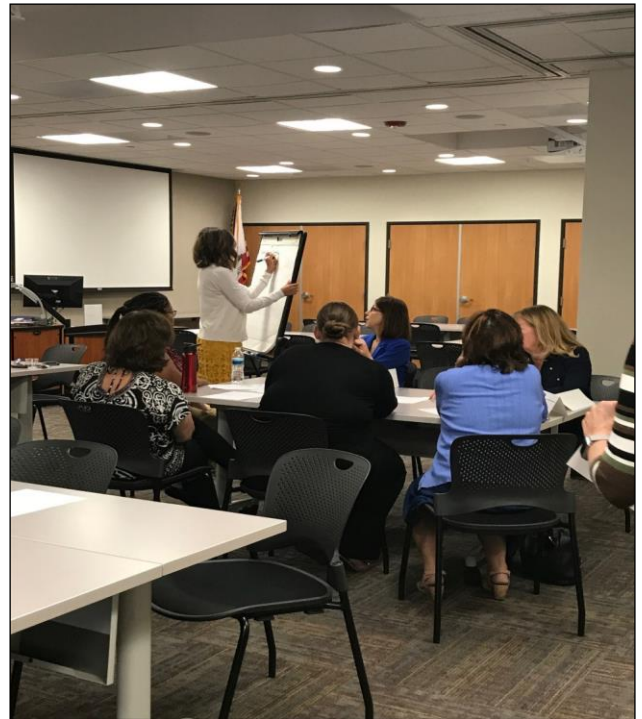
Under the leadership of Riverside County Oral Health Program staff, advisory members assisted with identifying the critical oral health needs of the region including:

- Available oral health resources and assets
- Current oral health status
- Barriers to care
- What members would like to see a local plan address in their communities.

This information was collected as part of the countywide oral health needs assessment and used in the development of the RC-OHSP.

Riverside County used the Association of State and Territorial Dental Directors (ASTDD) Guidelines for State and Territorial Oral Health Programs in its local planning:

<http://www.astdd.org>



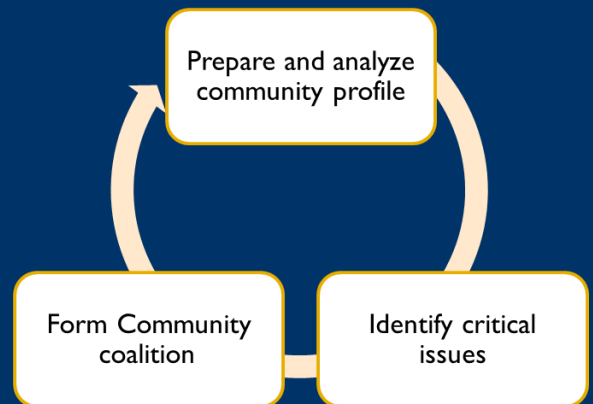
Oral Health Advisory Panel October 2018

FIRST STEPS

1. Engage the community
2. Conduct needs assessment
3. Identify assets
4. Develop an oral health strategic plan

A total of four oral health-planning workshops were held from July through October 2018. Among the 109 participants were representatives from 28 unique programs/agencies including local health department staff, community partners, stakeholders and county residents.

STATE AND TERRITORIAL DENTAL DIRECTORS ORAL HEALTH PROGRAM GUIDELINES



PROBLEM IDENTIFICATION AND PRIORITIZATION CYCLE

COMMUNITY HEALTH ASSESSMENT

COMMUNITY NEEDS ASSESSEMENT

Similarly, Community Action Partnership conducted a Community Needs Assessment (CNA) in 2015 to capture the problems and conditions of poverty in Riverside County based on objective, verifiable data. The CNA also includes information collected from Municipal Advisory Council and Community Council Meetings, which are organized and regularly held by supporting staff of the members of the County of Riverside Board of Supervisors, and led by community leaders. A completed survey of nearly 2,500 residents shows that low-income residents of Riverside County considered the following to be the top 5 needs. (15)

Table 1. TOP 5 NEEDS
NEEDS ASSESSMENT

English Survey	Spanish Survey
1. *Dental care	1. ESL classes
2. Health care	2. Employment
3. Employment	3. Food assistance
4. Heating/ utility assistance	4. Health care
5. Financial assistance	5. *Dental care

*Note: Dental in top five in both English and Spanish surveys



COMMUNITY HEALTH ASSESSMENT

Oral health indicators specific to Riverside County are limited for all demographics that represent the diversity of the County. In order to best capture needs of our community specific to oral health, two community needs assessments were used to build the “Oral Health Needs Assessment.”

RIVERSIDE COUNTY COMMUNITY HEALTH ASSESSMENT— PUBLIC HEALTH

Riverside County brought together a team of partnering agencies in 2015 to create Riverside County’s first comprehensive **Community Health Assessment (CHA)**. The purpose of the CHA was to determine public health needs and priorities. Nearly 3,500 responses were collected with the primary concerns being Social Environment (safe neighborhoods, strong families), Economy (good jobs, homelessness), natural environment (air quality, pollution), built environment (walkable streets, transportation) and chronic disease (diabetes, asthma). (13)

Following the CHA, a **Community Health Improvement Plan (CHIP)** was developed as a long-term, systematic plan created to address the issues identified in the CHA. Four main themes manifested and the following priorities were created:

- Creating healthy communities
- Promoting healthy behaviors
- Connecting and investing in people
- Improving access to care

Access to dental care, screenings and oral health were all outlined under Promoting Healthy Behaviors. The CHA played an integral role in helping better understand the needs of the community while the CHIP aligns the Local Oral Health Program’s goals and objectives with the County. (14)



COUNTY PROFILE



RIVERSIDE COUNTY - GROWTH

Riverside County ranks among the state's ten largest counties, coming in at number four with only Los Angeles, San Diego, and Orange counties having a larger population. The state's 10 largest counties represent 72 percent of California's population with each of these ten counties having over one million residents. Riverside County has seen a population growth of nearly three times the national average. With this rapid population growth, the public health needs of communities have increased dramatically.

According to the December 2018 release of the *County Population Report* from the California Department of Finance, Riverside County is now the fastest growing of California's 58 counties. Riverside posted the highest numeric gain in the state adding 27,386 new residents to the region from July 1, 2017 to July 1, 2018. Riverside County has a population estimate of 2,419,897 for the fiscal year ending June 2018. (4)

The Department of Finance report cited domestic and international migration as the primary source of the region's growth. Highlights from the report showed that inland areas throughout California had the highest population growth rates during the period, with urban coastal communities growing at a slower rate; continuing a trend that started in 2016. (4)

COUNTY PROFILE

INCOME

Per capita income is the average income received in the past 12 months, computed for every man, woman, and child in a geographic area. It is derived by dividing the total income of all people 15 years old and older by the total population in that area. The average per capita income for Riverside County is \$25,700 compared to a California state average of \$33,128 and a national average of \$31,177. (5)

The median household income for Riverside County is \$60,807. (6) However, to put this in perspective, according to the Living Wage Calculation for Riverside County, this median household income would not be enough to support many Riverside County households. A single adult with 2 or more children would need to make \$67,000 per year (annual income before taxes) or \$32.22/hour to make enough to support their household. (7)

POVERTY'S IMPACT IN RIVERSIDE COUNTY

- 29% are female head of household
- 25% are children 0-17
- 14% are adults 18-64
- 10% are seniors
- 6% are children 0-5 (12)

POVERTY RATES

Of the county's total population, nearly 13 percent of Riverside County residents are experiencing poverty, which is at or below 100 percent of the federal poverty guidelines. Children in Riverside County experience poverty at nearly twice the rate of the county average with over 25 percent of children 0-17 living in poverty. (6) 10 percent of the senior population (age 65 and greater) in Riverside County live in a state of poverty, while 6 percent of our youngest residents ages 0-5 experience poverty.

RATES IN EXCESS OF COUNTY RATE

Additionally, 10 cities/unincorporated areas or census designated place (CDPs) have significantly higher rates of poverty than the County rate of 13 percent (8). The community of Mecca tops the chart with nearly 43 percent of the population living in poverty.

UNEMPLOYMENT

As of November 2018, preliminary data from the California Economic Development Agency shows that Riverside County had the third highest number of unemployment benefit claims in the state with 45,800 claimants. The current unemployment rate for Riverside County is 4.1%. (11)

City/Census Designated Place	Percent of Population Living in Poverty
Mecca	42.8%
Coachella	28%
Lakeland Village	23.5%
Perris	21.2%
Home Gardens	20.7%
Nuevo	18.9%
San Jacinto	18.2%
Indio	18.1%
East Hemet	17.6%
Jurupa Valley	16%

BARRIERS TO CARE

BARRIERS TO CARE

Transportation has been cited as a barrier to access dental care. The utilization of schools as a program implementation site allows for large numbers of children to be served without concern for transportation. School-based programs have the added benefit of an “already-in-place” nursing and clerical staff who provide in-kind support for the program. Schools and community settings serve as a central hub allowing the Riverside County Oral Health Program (RC-OHP) to implement a cost-effective community-based approach to promoting oral health.

Data USA records that 706,987 Riverside County residents are Spanish-speaking, making the need for materials in that language a necessity. Tagalog is the next most common language in Riverside County with nearly 30,000 residents speaking this language. (18)

Current funding streams and resources are fragmented and make it difficult for families to navigate the various program eligibility requirements. Continued collaboration and partnership building with existing programs, both public and private, will be necessary to overcome this barrier.



GAPS IN EXISTING ORAL HEALTH RESOURCES

Riverside County residents face a gap in dental care for a variety of reasons, including: limited income, lack of insurance, transportation or the flexibility to take time off work to attend to personal or family needs for care. Consumers are also faced with long wait times for dental appointments due to a limited number of dental providers who accept Medi-Cal/Denti-Cal. Lack of oral health knowledge/education and lack of knowledge of Medi-Cal/Denti-Cal benefits also negatively impact the oral health of the community.

The need for preventive services and dental treatment is rapidly increasing. An estimated 40 percent of children from low-income families in Riverside County have untreated dental disease. (16) There is concern that this number may grow as many children receive little or no instruction, reinforcement, or guidance, in preventive oral health at home.

The dental needs of children and adults in lower socio-economic groups and the “working poor” go largely unmet due to a lack of locally available low-cost dental services. This is a result of both a lack of dental providers in the area in general, and specifically a lack of providers who will accept Medi-Cal or provide sliding-fee payment schedules. According to the 2015 Community Needs Assessment facilitated by Riverside County Community Action Partnership (CAP), the need for dental services was identified as one of 10 priority needs in Riverside County-ranking as the number one need among English language respondents and number five for Spanish language participants. (15)

Though there are several dental service projects in the county, they each serve a specific geographic area or age group and leave large areas/populations of the county underserved. According to information gathered from the oral health advisory panel participants, “some regions of the county have access to mobile dental programs, there are just not enough to service the existing need.”

KEY FINDINGS

COMMUNITY ORAL HEALTH ASSESSMENT PRIMARY DATA

The advisory panels reviewed state and local data identifying the following critical oral health issues facing Riverside County:

- ◆ Access and receipt of dental services varies widely throughout Riverside County due to the limited availability of providers who are enrolled in the Medi-Cal Dental Program or provide a sliding fee schedule for patients.
- ◆ There is a high need for additional specialty dental providers, especially pediatric dental providers and those able to work with special needs populations.
- ◆ There is a lack of consistent oral health messaging leading to frustration for individuals and families as they receive conflicting instructions from their medical provider versus their dental provider.
- ◆ There is very little coordination/integration of care between medical and dental providers making obtaining needed care difficult for individuals and families.
- ◆ Providers noted that an absence of current data on oral health status, unmet treatment needs and utilization of services makes it difficult to plan appropriate interventions.

COMMUNITY ORAL HEALTH ASSESSMENT SECONDARY DATA

- ◆ 40 percent of children living in Riverside County had oral health evaluations and of those only 22 percent of children obtained the recommended dental treatment.
- ◆ Annual dental visits by Medi-Cal Dental Program members decreased by 5 percent from 2013-2015 with only 47 percent of members having had an annual dental visit.
- ◆ In Riverside County there are only 50 dentists per 100,000 people, making it difficult for individuals to find access to dental care.
- ◆ Low-income adults lack awareness that dental care is covered under Medi-Cal benefits.
- ◆ Older adults face several barriers toward achieving ideal oral health including inability to pay for dental services.
- ◆ There are gaps in data on the oral health of individuals with intellectual and/or developmental disabilities and special health care needs.

DHCS-Dental Dashboard-2018



ORAL HEALTH STATUS

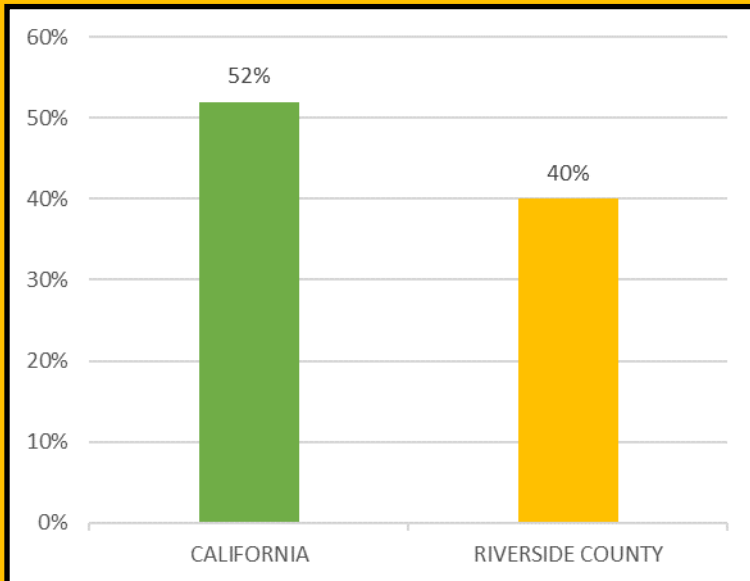


Chart 1. Children Ages 6-9 with Dental Sealants, 2017

Most decay among school-age children now occurs on tooth surfaces with pits and fissures, particularly the molar teeth.

40 percent of Riverside County children ages 6-9 have dental sealants on their first permanent molars compared to the State total of 52 percent with dental sealants.

DHCS-Dental Dashboard-2018

DENTAL SEALANTS

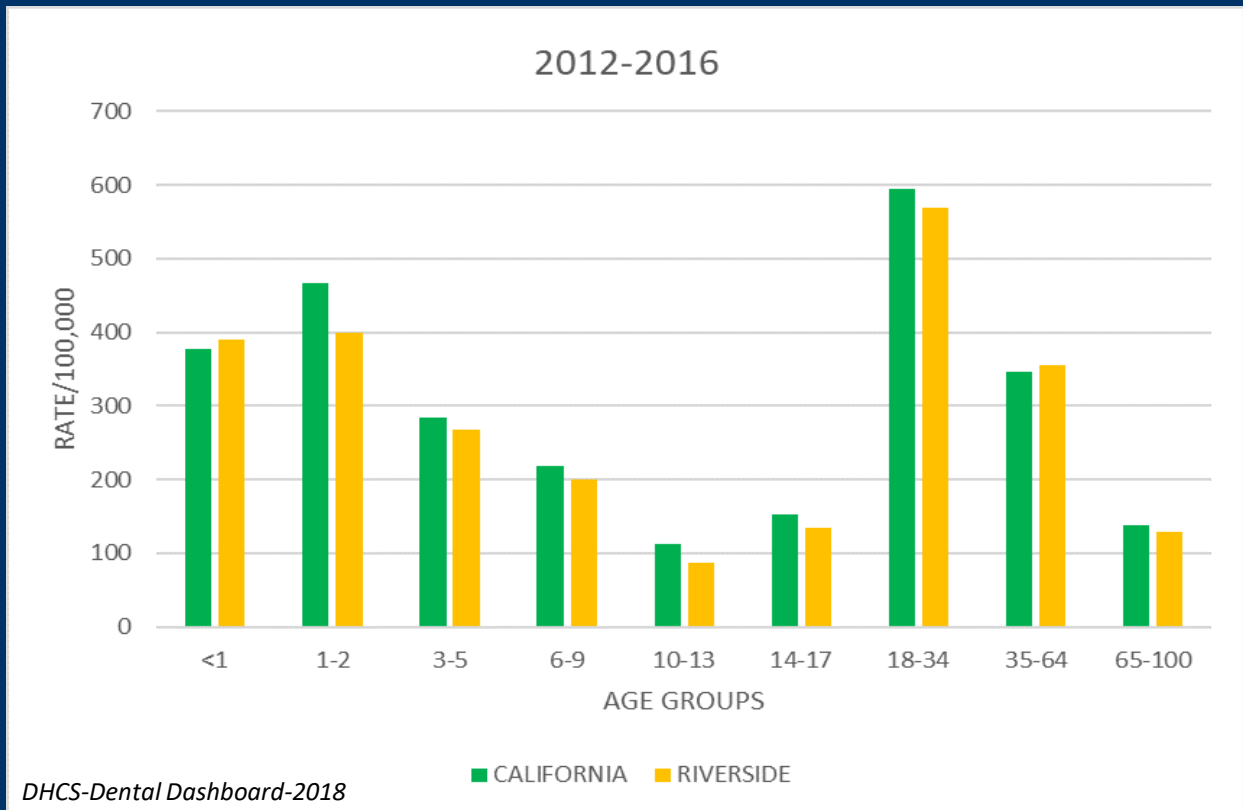
Pit-and-fissure dental sealants—plastic coatings bonded to susceptible tooth surfaces—have been approved for use for many years and recommended by professional health/dental associations and public health agencies. The first permanent molars erupt into the mouth at about age 6. Placing sealants on these teeth shortly after their eruption protects them from the development of cavities in areas of the teeth where food and bacteria are retained.

The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing tooth decay among children. (19) Pit-and-fissure surfaces of teeth are susceptible to dental decay in older children as well. Therefore, young teenagers need to receive dental sealants shortly after the eruption of their second permanent molars, usually between ages 11 and 14.



ORAL HEALTH STATUS

Chart 2. Emergency Room (ER) Visits For Non-Traumatic Dental Conditions



◆ From 2013 to 2015, 36.4 people per 10,000 people in Riverside County on average had an emergency room visit due to dental problems.

◆ Persons ages 20-44 had the most emergency visits due to dental problems reaching over 60 people per 10,000 people compared to all other age groups.

EMERGENCY DEPARTMENT DENTAL VISITS

In 2012, hospital emergency departments in California had approximately 113,000 visits for preventable dental conditions. Left untreated, dental disease can develop into serious problems that require an emergency department visit.

Providing dental care in emergency departments is significantly more expensive than providing preventive outpatient dental care. In 2009, the California Healthcare Foundation found that the average cost of a preventive dental visit ranged from \$41 to \$60, whereas the median cost of emergency treatment is nearly three times greater, at \$172. If treatment for the dental emergency requires hospitalization, the median cost increases dramatically to over \$5,000.

ORAL HEALTH STATUS

According to California perinatal oral health guidelines, pregnant women should receive at least one dental visit during pregnancy. In addition, maternal oral health correlates with the oral health status of the woman's children.(20) Pregnancy offers a window of opportunity to ensure good oral health for the mother and to educate her about oral health practices for herself and her children.

Data from California's Maternal and Infant Health Assessment (MIHA) survey, reveals that 53 percent of pregnant women had a dental problem during pregnancy. Despite the high prevalence of oral health problems, receipt of dental care during pregnancy has remained low.

Although there has been a fairly steady increase over time, only 43 percent of California women had a dental visit during pregnancy in 2012 (the most recent year of data available).

Factors that affect access to dental visits during pregnancy include a lack of dental insurance; race/ethnicity; low income; younger than age 35; and lower educational levels.

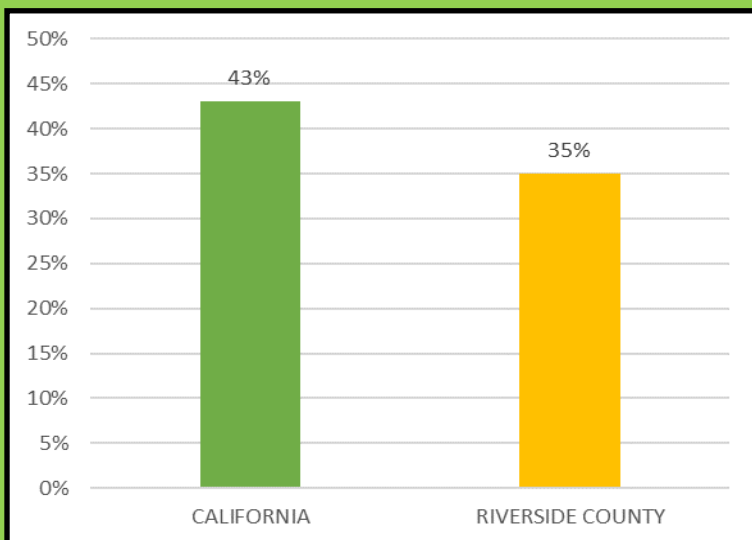


Chart 3. Pregnant Women with a Dental Visit During Pregnancy

According to the California perinatal oral health guidelines, pregnant women should receive at least one dental visit during pregnancy.

Pregnant women in Riverside County were less likely to have a dental visit during pregnancy than those in California.

SELECTION OF PRIORITY AREAS

During the first year of funding, a comprehensive oral health needs assessment was completed—this information was used to create the RC-OHSP. First steps included engaging the community and forming a coalition of stakeholders. Due to differences in local resources and in the geographic regions Riverside County serves (7,200 square miles) it was deemed important to create two distinct community coalitions, one in the desert region and one in the western region of the County.

Riverside University Health System-Public Health began to engage local stakeholders—including early learning sites, the office of education, dental providers, county social services agencies, and community-based providers that serve vulnerable populations.

Riverside County program staff guided participants through a series of tabletop exercises including an asset mapping activity to help identify key strengths in the County. Using the State Oral Health Plan as a guide members selected to address the following five priority areas during the strategic plan period 2019-2023:



Oral Health Surveillance: Establish a countywide oral health surveillance system assess oral health status and measure the key performance indicators for tracking progress towards the goals of the State Oral Health Plan as well as Riverside County’s local plan.

Collaboration: Increase collaboration to expand oral health infrastructure and provider capacity, supporting prevention and early treatment services.

Communication and Education: Increase the coordination, consistency and reach of oral health messages targeted to the public, providers, and policy-makers.

Integration: Integrate oral health and primary care; supporting approaches that facilitate a patient-centered health home.

Access to Care: Increase access to and utilization of oral health care services; addressing the needs of underserved populations and communities.

RIVERSIDE COUNTY ORAL HEALTH STRATEGIC PLAN

Priority Area 1: Oral Health Surveillance

Goal 1: Establish an oral health surveillance system to assess oral health status and measure key oral health indicators.

- Objective 1A: Establish a countywide oral health surveillance system to assess oral health status.
- Objective 1B: Add new sites that are promoting the Kindergarten Oral Health Assessment (KOHA) and reporting data into the state system.
- Objective 1C: Review Oral Health Strategic Plan and key oral health indicators.

Priority Area 2: Collaboration

Goal 2: Increase collaboration to expand oral health infrastructure and provider capacity, supporting prevention and early treatment services.

- Objective 2A: Increase the percentage of Medi-Cal enrolled children ages 1-20 who receive a yearly preventive dental service.

Priority Area 3: Communication and Education

Goal 3: Increase the coordination, consistency and reach of oral health messages designed for the public, providers and policymakers.

- Objective 3A: Increase oral health messaging including use of social media for the public, providers, and policymakers.
- Objective 3B: Increase awareness of the importance of oral health and good oral health practices across a variety of regions throughout Riverside County.

Priority Area 4: Integration

Goal 4: Integrate oral health and primary health care; supporting approaches that facilitate a patient-centered health home.

- Objective 4A: Add new sites to champion fluoride varnish applications and oral health education during pediatric visits.
- Objective 4B: Increase oral health training for primary care providers, nurses and staff.

Priority Area 5: Access to Care

Goal 5: Increase access to and utilization of oral health care services; addressing the needs of underserved populations and communities.

- Objective 5A: Increase the percent of children ages 3-5 who have had a dental visit in the past year.
- Objective 5B: Increase the number of pregnant women in the county who report being seen by a dentist.

Priority Area 1

Oral Health Surveillance

Goal 1: Establish a countywide oral health surveillance system to assess oral health status and measure key oral health indicators.

Why is this important? Evaluation of children’s health outcomes, related disparities and progress over time is critical to assess the health of the County, inform stakeholders and educate policymakers. Increased capacity for monitoring countywide oral health will increase the sustainability of resources and access to care. Using measurable objectives and key indicators of oral disease burden, education and prevention, the California Oral Health Program is able to better monitor oral health in the state. In order to assess similar trends, Riverside County’s Oral Health Strategic Plan will monitor key indicators for the county.

Objective 1A

By 2022, establish an oral health surveillance system to measure caries experience and untreated decay for kindergarten, and third grade students

Strategies | Objective 1A

- I. Participate in the Statewide Smile Survey of third grade students training (2019) to develop core competencies in the screening process and further develop relationships with school staff administrators in Riverside County.

Objective 1B

By 2022, add four new school districts that are implementing the Kindergarten Oral Health Assessment (KOHA) and reporting the data.

Strategies | Objective 1B

- I. Serve on the statewide KOHA workgroup to provide professional input and gain insights for increasing school engagement and participation.
- II. Create materials to train school district personnel on the importance of the KOHA, especially as it relates to school performance and attendance.

Objective 1C

By 2022, Riverside County will review its strategic plan and key oral health indicators.

Strategies | Objective 1C

- I. Convene the Oral Health Advisory Panel to review data to evaluate the effectiveness, accessibility and quality of the County’s oral health promotion activities and make recommendations for program improvement.
- II. Present progress and findings bi-annually at the Riverside County Health Coalition to gain feedback from community partners and stakeholders.

Priority Area 2

Collaboration

Goal 2: Increase collaboration to expand oral health infrastructure and provider capacity by supporting prevention and early treatment services.

Why is this important? Oral health has been shown to impact overall health and well-being for individuals across their lifespan. Preventive dentistry helps avoid cavities, gum disease and many more oral issues. By integrating oral health promotion and education with partners who see pregnant women and children, residents are more likely to receive timely information and services. Oral disease is normally viewed as a separate health-related issue, rather than part of overall health and well-being.

Objective 2A

By 2022, increase the percentage of Medi-Cal enrolled children under age 20 who receive preventive dental services from the current

Strategies | Objective 2A

- I. Partner with school districts to promote the delivery of dental sealants and fluoride in school-based programs. Identify schools in high need areas of the County and establish an on-going oral health program.
- II. Partner with Community Health Centers and Federally Qualified Health Centers (FQHC) throughout the County to expand local capacity to assist in the creating of a sustainable system of care.
- III. Identify and promote new and best practices in Riverside County such as those being piloted under the Local Dental Pilot Project-Inland Empire (LDPP-IE) that support increased utilization of dental services and the establishment of a regular place to receive dental care.

Priority Area 3

Communication and Education

Goal 3: Improve coordination, consistency and reach of oral health messages designed for the public, providers, and policy-makers.

Why is this important? According to the California Oral Health Plan, communication needs to be timely, strategically coordinated, and targeted appropriately for the intended audience to be effective. Additionally, key messages must resonate with the intended audience without being misleading or contradictory. Disparities in access to information can result in missed opportunities for prevention and early treatment of oral diseases. Based on various learning styles and access to information, multiple communication pathways and formats are needed when using social media or other health information technology.

Objective 3A

By 2022, increase oral health messaging and the use of social media to the public, providers and Riverside County Board of Supervisors from once to twice per year.

Strategies | Objective 3A

- I. Promote SmileCalifornia.org, the updated Denti-Cal website and marketing materials to encourage consistent oral health messaging and branding within Riverside County.
- II. Increase access to culturally and linguistically appropriate oral health information that allows individuals and families to make healthy choices and access care in a timely fashion.
- III. Integrate oral health education into public and social service programs, such as AFLP, WIC, BIH, and NFP ensuring a consistent oral health message across programs.

Objective 3B

By 2022, increase awareness of the importance of oral health and good oral health practices across a variety of sectors throughout Riverside County.

Strategies | Objective 3B

- I. Assess public awareness of oral health disease and educate residents about achieving optimal oral health.
- II. Implement a daily brushing with fluoride toothpaste protocol at childcare, early learning centers, and state-funded preschools and encourage its adoption countywide.
- III. Create opportunities to engage and educate medical professionals and community members to be oral health advocates.

Priority Area 4

Integration

Goal 4: Integrate oral health and primary health care by supporting approaches that facilitate a patient-centered health home.

Why is this important? By integrating oral health services and education into well child and pre-natal visits, pregnant women and children are more likely to receive the care they need at a time when it is most effective. Primary care providers such as physicians, physician assistants, nurse practitioners, RNs and para-professionals such as medical assistants and community health workers are members of the medical delivery system. The daily interactions health care providers have with highrisk populations can be leveraged to improve the oral health of the population.

Objective 4A

By 2022, add four medical provider sites to champion fluoride varnish applications and oral health education during pediatric visits.

Strategies | Objective 4A

- I. Integrate fluoride varnish applications and oral health education in well-child pediatric visits, and within private medical offices and community clinics.
- II. Educate and support pediatricians and other primary care providers in communicating the American Academy of Pediatrics guideline of establishing a dental home by age one to their families.

Objective 4B

By 2022, increase oral health training workshops for primary care providers and staff from zero to four times per year.

Strategies | Objective 4B

- I. Partner with Riverside County Child Health and Disability Prevention (CHDP) program to promote oral health education and training to increase knowledge and skills that demonstrate proficiency and competency in oral health care among primary care providers.
- II. Increase connections with Riverside University Health System-Public Health nursing programs to strengthen staff oral health knowledge and therefore increase preventive dental care utilization among the various populations served by Public Health Nursing.

Priority Area 5

Access to Care

Goal 5: Increase access to and utilization of oral health care services by addressing the needs of underserved populations and communities.

Why is this important? By expanding service delivery into settings children often visit, increasing the number of Federally Qualified Health Centers (FQHCs) and Denti-Cal providers serving low-income individuals, access to dental services for children, pregnant women and other vulnerable populations will significantly expand. Nationally, one of the Healthy People 2020 Oral Indicators include the proportion of children, adolescents and adults who have visited the dentist in the past year.

Objective 5 A

By 2022, increase the percent of children ages 3-5 who have had a dental visit in the past year from the current rate of 28% to 33%.

Strategies | Objective 5A

- I. Increase service delivery to settings children and families often visit by supporting innovative approaches for delivery of dental services such as Virtual Dental Home (VDH) or use of mobile dental units, etc.
- II. Identify and expand linkages with community partners interested in serving the oral health needs of children, including those with complex medical conditions who often have difficulty accessing dental care in the traditional manner.
- III. Identify and promote oral health delivery at childcare, early learning centers, Head Start and State-funded preschools.

Objective 5 B

By 2022, increase the number of pregnant women in Riverside County who report having been seen by a dentist from the current rate of 35% to 38%.

Strategies | Objective 5 B

- I. Maintain and expand linkages to programs that serve pregnant women, including partnerships with Riverside County Adolescent Family Life Program (AFLP), Black Infant Health (BIH) and Nurse-Family Partnership (NFP).
- II. Promote and support activities that encourage oral health education and referral to a dentist as part of prenatal visits for women.
- III. Expand and strengthen oral health education with Riverside County Women, Infants, and Children (WIC) program sites.

NEXT STEPS AND SUSTAINABILITY

NEXT STEPS

RC-OHP will promote policies that address the strategic plan goals and promote the sustainability of its local efforts by leveraging and aligning its efforts with community and County partners. RC-OHP will coordinate with community and county partners and others to leverage support for oral health as a priority and support alignment of policy efforts to improve the health of priority populations. RC-OHP will advance new policies and interventions that promote innovative approaches to increase access to care and promote oral health for priority populations by promoting innovative approaches and best practices in oral health.

NEXT STEPS

1. Inform, Educate, and Mobilize
2. Convene, Coordinate, Collaborate
3. Implement Policies and Programs
4. Conduct Surveillance and Evaluation

SUSTAINABILITY

To ensure that the Strategic Plan is institutionalized and sustained, the Oral Health Advisory Panel will work with organizational leadership throughout the region to advocate for policies that advance oral health in priority populations, including aligning oral health efforts within other organizations' processes and policy agendas. A sustainability plan and ongoing convenings will provide the foundation for coordination. RC-OHP will leverage collaborative partnerships to advocate locally and with the State for continued funding.

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- Corona-Norco Unified School District
- Medi-Cal Dental Program
- Desert Aids Project
- First 5 Riverside
- First 5 San Bernardino
- Hemet Unified School District
- Inland Empire Health Plan (IEHP)
- Jurupa Unified School District
- Lake Elsinore Unified School District
- Lideres Campesinas
- Neighborhood Healthcare
- North County Health Services
- Palo Verde Unified School District
- Palm Springs USD Head Start
- Project K.I.N.D.
- Riverside Community Health Foundation
- Riverside University Health System Medical Ctr
- Riverside University Health System-Public Health
- Black Infant Health
- Community Action Partnership
- California Children’s Services
- Child Health and Disability Prevention
- Don Schroeder Dental Clinic
- Epidemiology & Program Evaluation
- Injury Prevention Services
- Maternal Child and Adolescent Health
- Nurse-Family Partnership
- Public Health Nursing
- Tobacco Control Program
- Women, Infants & Children
- Riverside County Office of Education (RCOE)
- Riverside Unified School District
- San Bernardino County Oral Health Program
- The Children’s Partnership
- Tri-County Dental Society
- Vista Community Clinics



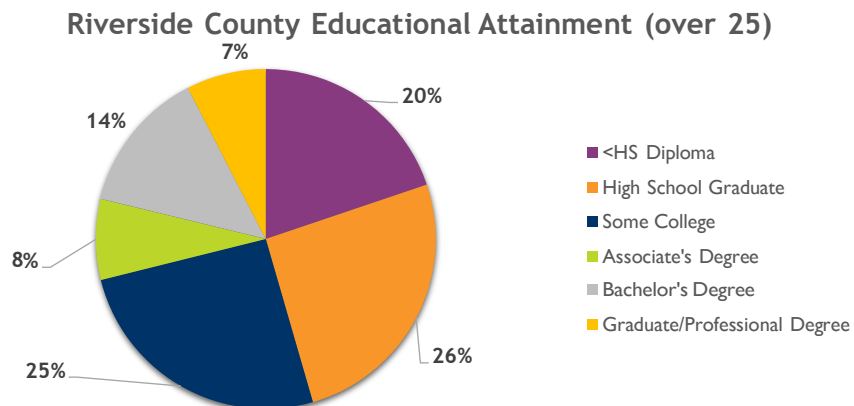
APPENDIX

CHILD CARE

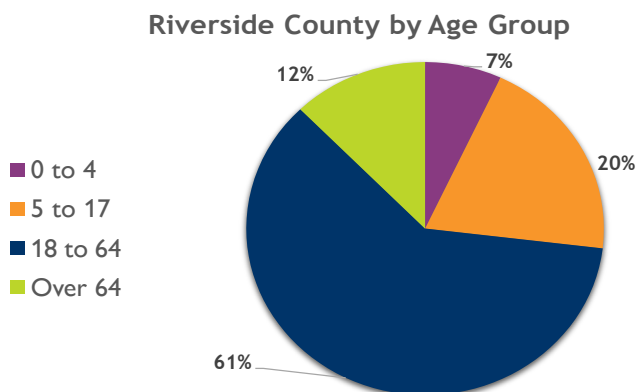
Childcare in California is expensive and one of the biggest expenses families face. For example, infant care costs 33 percent more per year than in-state tuition at a four-year public college. A minimum wage worker in California spends 57 percent of his or her income to pay for childcare for one infant. For a typical family, infant care for one child would consume about 18 percent of their income, whereas for an infant plus a 4-year old it would take up about 31 percent of their income. At the local level, the need for affordable childcare for low-income families far outweighs the availability of subsidized childcare in Riverside County. As of May 10, 2017, the Riverside County Office of Education reports that there is a waiting list of 6,206 children who are eligible for low-cost childcare.

EDUCATIONAL ATTAINMENT

Another factor to consider in relation to poverty in Riverside County is educational attainment. The levels of educational attainment for those who are 25 years old or older are as follows:



More than 71 percent of residents age 25 or older do not have a college degree, which could decrease opportunities for better paying jobs and upward mobility in careers. Also, when comparing poverty rates in Riverside County that coincide with various levels of educational attainment for this part of the population, it becomes clear that the lack of obtaining higher education is a contributing to poverty.



According to the US Census Bureau 2011-2015 American Commu-Survey 5-year population estimates, the population of Riverside County may be broken down by age and gender as follows:

APPENDIX

Poverty rates are disproportional among the different races or ethnicities. There is a disparity between the concentrations of poverty within each race or ethnicity, as well between the percentages of each race or ethnicity of the total population which is experiencing poverty in the County.

Percent Living in Poverty by Race/Ethnicity, Riverside County



HOUSING

Riverside County residents' ability to buy homes remains a major challenge. The median home price has risen in Riverside County to \$375,000 as of March 2017, up from \$350,000 in March 2016. Of the total number of households in the County, 44 percent, or 310,410 are cost burdened, meaning that the cost of monthly housing expenses for these households, both owners and renters, exceeds 30 percent of the household income. Renters comprise 45 percent of these cost-burdened households, while 47 percent are owner occupied households.

NUTRITION

In Riverside County, 63 percent of total students enrolled in public schools were eligible for free or reduced price lunch, under the National School Lunch Program (NSLP). This indicator, connected to income for eligibility, also assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. In addition, of the total households in the County, 10 percent, or approximately one in 10 receive Cal Fresh benefits, which is California's version of the Supplemental Nutrition Assistance Program (SNAP). This amounts to 396,450 people for FY 2016-017.

GLOSSARY OF TERMS

Adolescent Family Life Program (AFLP): A strengths-based case management program that addresses the social, health, educational and economic challenges of adolescent pregnancy. The program supports pregnant and parenting youth in building resilience strengths and skills to thrive. Participants receive in-home visits from medical social workers twice a month for the year they are enrolled in the program.

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

Black Infant Health (BIH): Created by the California Department of Public Health, this forward-thinking program addresses the high rate of infant mortality among African American families through a group-based intervention model. Participants of the program learn proven strategies to reduce stress and develop life skills.

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

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

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

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

Child Health and Disability Prevention Program (CHDP): CHDP provides complete health assessments for the early detection and prevention of disease and disabilities for low-income children and youth. A health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/ anticipatory guidance, and referral for any needed diagnosis and treatment. The CHDP Program oversees the screening and follow-up components of the federal mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth. The California law requires that a child be referred to a dentist beginning at age one for routine dental care.

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

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

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

Denti-Cal: Now known as the Medi-Cal Dental Program that offers free or low-cost health care for eligible California residents and covers many services related to dental care.

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

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

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

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

Head Start: A national program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families.

Healthy People 2020 (HP 2020): A comprehensive document of national health-related goals and objectives, published every 10 years by the U.S. Department of Health and Human Services that identify national health targets for that decade, encourage collaborations across sectors, measure the impact of prevention activity, and guide individuals toward making informed health decisions. Oral health is included in these goals and objectives.

www.healthypeople.gov/2020/topicsobjectives2020/

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

Individuals with Special Health Care Needs: Persons with any impairments or limiting conditions including physical, developmental, mental, sensory, behavioral, cognitive, or emotional that requires medical management, and/or use of specialized services or programs.

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

Local Oral Health Program (OHP): Programs working in alignment to the California Oral Health Plan within counties with the goal to create and expand capacity at the local level to educate, prevent, and provide linkages to treatment programs, including dental disease caused by the use of cigarettes and other tobacco products. Will include program activities related to oral health in their communities: education, disease prevention, linkage to treatment, case management and surveillance to improve the oral health of Californians.

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

Medi-Cal Dental Program that offers free or low-cost health care for eligible California residents and covers many services related to dental care.

National School Lunch Program (NSLP): A federally assisted meal program operating in public and nonprofit private schools and residential childcare institutions. It provides nutritionally balanced, low-cost or free lunches to eligible children each school day. Because income eligibility is a requirement, the percentage of children who qualify for NSLP or "free and/or reduced" lunch program serves as a proxy for income level of a school.

Nurse-Family Partnership (NFP): An evidence-based nurse home visitation program that improves the health, well-being and self-sufficiency of low income, first time parents and their children. Over a period of two years, public health nurses in Riverside County visit regularly with mother, father and baby in their home. These visits help to improve the child's health and development as well as improve parenting skills.

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

Outcome: The result of implementing the plan, as experienced by the population.

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

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

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

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

Riverside University Health System-Public Health: A public entity of Riverside County charged with protecting and promoting individual, family, and community health through coordination of public and private sector resources with goals to:

1. Prevent disease and disability, and promote healthy lifestyles
2. Assure access to quality health care services
3. Promote and ensure a healthful environment
4. Recommend and implement health policy and services based upon assessment of community health needs.

Public Health Nurse (PHN): Public health nurses integrate community involvement and knowledge about the entire population with personal, clinical understandings of the health and illness experiences of individuals and families within the population.

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

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

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

Supplemental Nutrition Assistance Program (SNAP): CalFresh is a federally mandated, state-supervised, and county operated government entitlement program that provides monthly food benefits to assist low-income households in purchasing the food they need to maintain adequate nutritional levels.

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

Women, Infants and Children (WIC): The Supplemental Nutrition Program that serves to safeguard the health of low-income pregnant, postpartum and breastfeeding women, infants, and children up to age 5 who are at nutritional risk. Provides nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care; 50-60% of newborns in California are eligible for this program www.fns.usda.gov/wic/aboutwic/.

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