



ORANGE COUNTY ORAL HEALTH STRATEGIC PLAN 2023-2027



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Background

In 2018, the County of Orange Health Care Agency (HCA) Local Oral Health Program (LOHP), with the support of the California Department of Public Health (CDPH) Office of Oral Health (OOH), launched a Strategic Workplan aimed at improving the oral health of all residents. The LOHP engaged stakeholders to develop a process to advance data collection and surveillance capacity; determine countywide oral health status; identify oral health disparities; prioritize underserved and at-risk population groups; uncover areas of reduced access and unmet oral healthcare needs; and develop a plan to design and implement strategic solutions.

To support the LOHP infrastructure and capacity, the Orange County Oral Health Collaborative (OHC) was formed, and subsequently, four workgroups made up of community stakeholders were established. Together the LOHP and the workgroups implemented a series of activities that addressed the needs of the population.

The LOHP contracted with the Medicaid, Medicare, CHIP Services Dental Association (MSDA) to serve as the program evaluator, provide technical support, collect and analyze surveillance and program data, demonstrate accountability to the State, ensure continuous quality improvement over the grant period, and confirm the achievement of objectives.

In June 2022, an Evaluation Report was developed to provide a detailed account of the LOHP's progress toward improvement and outcomes. Results indicate that Orange County residents have achieved improved access to oral healthcare services. Significant increases in utilization of any dental service and any preventive dental service were observed across all age cohorts. Among children, some of those gains were lost as a result of dental office and school closings during the COVID-19 pandemic. The LOHP was swift to act when the Public Health State of Emergency was declared. Oral health messages surrounding the COVID-19 pandemic were quickly developed and disseminated to keep both providers and the public informed about the safety and importance of going to the dentist.

While some indicator data was not available for inclusion in the program report, data that was available demonstrated successful program planning, implementation, and improvement across Orange County. The report also included a list of recommendations and lessons learned for consideration by the LOHP administrators for the next grant cycle.

Introduction

To advance the goals, objectives, and achievements from the first round of State funding, the Orange County Local Oral Health Program (LOHP) reconvened community stakeholders to review the findings of the 2018-2022 Oral Health Program Evaluation, analyze existing program data, reassess the oral health needs of Orange County residents, and identify new priority targets for the upcoming grant cycle.



Through a series of stakeholder meetings, which took place between July and December of 2022, the LOHP identified four key areas to focus activities, developed and aligned a series of measurable objectives, and detailed a set of strategies. The following sections summarize the Strategic Planning of the LOHP, including the activities and outcomes of stakeholder meetings, an updated vision and mission statement, the conceptual framework for the new program, and a strategic workplan to guide activities.

Oral Health Needs Assessment

Outcomes of Oral Health Program Activities 2018-2022

The Local Oral Health Program (LOHP) responded to the results of the 2022 evaluation by considering the value of each activity—its quality and cost in delivering critical public health services and determining its effectiveness in improving the oral health of the target populations. During the project period, the LOHP and project evaluator methodically monitored all project activities. Process and outcome measures were assessed to determine effectiveness and efficiency (continuous quality improvement). Relevant qualitative and quantitative data and information was collected from stakeholders and other data sources as it became available. Systematically reviewing the process outcomes, the evaluator provided feedback to the LOHP staff and stakeholders to help them understand how effective their efforts were, and how such efforts may be improved. Challenges and barriers were assessed and recommendations for overcoming challenges were provided.

Numerous data sources were used to inform the LOHP administrators and community stakeholders on oral health status, access to preventive care, use of dental services, and community water fluoridation for residents of Orange County. The table on the next pages details data sources by target population used by the LOHP to conduct and update the Oral Health Needs Assessment.



Data Sources for Oral Health Needs Assessment

KINDERGARTEN CHILDREN

Indicator/Outcome

Dental Caries Experience
Untreated Dental Caries

Data Source

Smile Survey 2020, OC LOHP
Kindergarten Oral Health
Assessment

GRADE 3 CHILDREN

Indicator/Outcome

Dental Caries Experience
Untreated Dental Caries

Data Source

Smile Survey 2020, OC LOHP

MEDI-CAL ENROLLED CHILDREN AGES 0-<21

Indicator/Outcome

Preventive Dental Visit in Last Year

Data Source

California Health and Human
Services, Dental Utilization
Measures and Data by County
and Age Calendar Year 2013 to
2019

MEDI-CAL ENROLLED CHILDREN AGES 6-9

Indicator/Outcome

Dental Sealant

Data Source

California Health and Human
Services, Dental Utilization
Measures and Data by County
and Age Calendar Year 2013 to
2019

MEDI-CAL ENROLLED ADULTS

Indicator/Outcome

Any Dental Visit in Last Year

Data Source

California Health and Human
Services, Dental Utilization
Measures and Data by County
and Age Calendar Year 2013 to
2019

GENERAL POPULATION

Indicator/Outcome

Non-traumatic Emergency Room
Visits

Data Source

Office of Statewide Planning
and Development
Updated Data Unavailable

Data Sources for Oral Health Needs Assessment (Continued)

PREGNANT INDIVIDUALS

Indicator/Outcome

Any Dental Visit in the Last Year

Data Source

Maternal and Infant Health Assessment (MIHA)

California Health and Human Services, Dental Utilization Measures and Data by County and Age Calendar Year 2013 to 2019

ORANGE COUNTY

Indicator/Outcome

Fluoridation

Data Source

California Water Boards

CDC 2018 Fluoridation Statistics

DENTAL PROVIDERS

Indicator/Outcome

Number of Dental Providers in Orange County

Data Source

California Department of Consumer Affairs

MEDI-CAL DENTAL PROVIDERS

Indicator/Outcome

Number of Dental Providers Participating in the Medi-Cal Dental Program

Data Source

California Department of Health Care Services

DATA LINKS

- **California DHCS State Data Reports**
<https://www.dhcs.ca.gov/services/Pages/DentalReports.aspx> [Annual-State availability]
- **California DPH State MIHA Report**
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-and-Reports.aspx?Name=SnapshotCo;>[State availability]
- **California DPH State MIHA Report—Data Snapshot by Year**
https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/CDPH%20Document%20Library/2013-2015/SnapshotCo_Orange_2013-2015_MaternalCharacteristics.pdf
- <https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/CDPH%20Document%20Library/SnapshotCoOrange2013-2014.pdf>

Existing Oral Health Needs

To reassess the oral health needs of Orange County residents, the Local Oral Health Program (LOHP) used data and information from the 2018-2022 LOHP Evaluation Report. Prevalence of oral diseases among various age cohorts, gaps in access and use of preventive services, dental provider availability in the Medi-Cal Dental Program, and access to optimum levels of community water fluoridation were analyzed. The following is a summary of data collected and used to develop the current Orange County Oral Health Needs Assessment.

Prevalence of Tooth Decay among Kindergarten and Grade 3 Children

Based on the Centers for Disease Control and Prevention (CDC) reporting, the national rates of tooth decay among children ages 2-5 years old is approximately 22%. This rate more than doubles in the 6–8-year-old cohort. Data reflecting the prevalence of dental caries among Orange County kindergarten children is not currently available. While some oral health data has been reported via the Kindergarten Oral Health Assessment (KOHA), it is incomplete. To address this, the LOHP is currently collaborating and coordinating with the Orange County Department of Education (OCDE) and administrators of the System for California Oral Health Reporting (SCOHR) platform to establish a countywide system for improved KOHA data collection and reporting.

Data from the 2020 California Smiles Survey (CSS) reveal that just over 60% of 3rd grade children experience tooth decay. Previous data reporting revealed that the prevalence of this disease among Orange County children was 55%. No updated data is currently available. As such, it was not possible in July 2022 to assess whether the LOHP met this target. The LOHP plans to improve this data collection via collaborating with the California Department of Public Health (CDPH) Office of Oral Health (OOH). In the next grant cycle, the LOHP will coordinate efforts with the OOH to participate in the next round of the CSS and gain information for Orange County.



Existing Oral Health Needs (Continued)

Untreated Tooth Decay among Kindergarten and Grade 3 Children

Untreated tooth decay is a significant problem for low-income children. In Orange County, approximately 11% have untreated tooth decay. While the data suggests that improvements have not been made among Orange County kindergarten children, it should be noted that only 11 of the 27 Orange County school districts reported KOHA data between 2018 and 2021. The LOHP plans to improve upon this report, as noted above, during the next grant cycle.



Tooth decay left untreated causes pain and suffering in young children. The LOHP set a target to reduce the rate of untreated tooth decay in 3rd grade children from 15% to 12%. Based on data from the 2020 CSS, the rate of untreated tooth decay among 3rd grade children living in Southern California increased by 7 percentage points. It should be noted that this data reflects all counties in Southern California excluding Los Angeles County. Data specific to Orange County is not available. During the next grant cycle, LOHP plans to collaborate and coordinate with the OOH to obtain Orange County specific data.

Incidence of Oral Pharyngeal Cancer

Oral pharyngeal cancer rates in Orange County remained the same between 2014 and 2018. Progress toward this target could not be assessed as no recent data is available. The LOHP relies on state data reporting for this measure. The LOHP will work closely with the CDPH during the next grant cycle to determine and assess rates of oral cancer in Orange County. Data Source: <https://statecancerprofiles.cancer.gov/incidencerates/index.php>



Existing Oral Health Needs (Continued)



Prevalence of Dental Sealants among Grade 3 Children

Dental sealants are highly effective at preventing and reducing dental caries on the occlusal surfaces of molar teeth. Healthy People 2030 aims to increase the prevalence of dental sealants among 3rd grade children to 42.5%. According to the CSS data, 40% of 3rd grade children living in Southern California had at least one dental sealant on a molar tooth.

Data Source: California Department of Public Health, Office of Oral Health, Smile Survey 2020 Results reported by region. Orange County is included in Southern Region.

Despite overall increases in the prevalence of dental sealants among Orange County's 3rd grade children, receipt of dental sealants among Orange County's most vulnerable children is decreasing. In 2013, 23% of Medi-Cal children ages 6-9 years old received at least one dental sealant. In 2019 and 2020, that rate dropped to 20% and 16%, respectively. While this decline raises concerns, environmental factors such as the closing of dental offices and school-based dental programs due to COVID-19 is suspected to have played a role. As school-based preventive programs begin to deliver services again, it is anticipated that this rate will rise. The LOHP plans to monitor these measures and assess the need for additional services.

Data Source: 2020: California Health and Human Services, Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2019.

<https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year-2013-to-2015/resource/cbcdc262-5877-422e-8d2a-bd1459a90950>

Existing Oral Health Needs (Continued)

Kindergarten Children with Proof of Assessment

Data submitted by 11 of the 27 district school health administrators demonstrates that just under half of kindergarten parents are providing proof of oral health assessment. This number is down from the 2018-2019 academic year where approximately 60% either returned the KOHA form or their student received a school-based dental screening.

With the emergence of the COVID-19 pandemic in March of 2020, school-based dental programs and private dental offices were forced to close. As such, in-office and in-school dental screenings were limited or non-existent during 2020-2021.

Data Source: System for California Oral Health Reporting (SCOHR), 2018-2019; 2019-2020; 2020-2021. Eleven (11) of the 27 Districts in Orange County Reporting KOHA Data. <https://www.ab1433.org/home/overview>



Medi-Cal Enrolled Children Who Received a Preventive Dental Visit

In 2013, 48% of Orange County low-income children received a preventive dental service. This rate increased to 54% in 2019, but then dropped to 44% in 2020. The LOHP met its target early; however, access and use of services dropped in 2020. The 2020 data represents the period during which the COVID-19 pandemic first emerged, when dental offices closed and school-based services ceased. It is anticipated that this rate will increase again now that services have become more readily available. However, due to staffing and increased COVID-19 protocols, many providers are not operating at full capacity.

Data Source: <https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year2013to-2015/resource/cbcdc262-5877-422e-8d2a-bd1459a90950>



DHCS

Medi-Cal Dental

Existing Oral Health Needs (Continued)

Medi-Cal Enrolled Children Who Received Any Dental Visit

In 2013, 53% of low-income children living in Orange County visited a dentist. In 2019, that rate jumped to 56%, just short of the target of 57%. This increase demonstrates that more low-income children are accessing dental care. In March 2020, the COVID-19 pandemic emerged and access to services was abruptly blocked. Dental offices and schools closed, forcing many to postpone care. In Orange County, only 47% of Medi-Cal children saw a dentist.

Data Source:

<https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year2013-to-2015/resource/cbcdc262-5877-422e-8d2a-bd1459a90950>

Medi-Cal Enrolled Adults Who Received Any Dental Visit

Dental service utilization among adults ages 21-64 years old has steadily increased since 2013. During this time, the Medi-Cal Dental Program expanded or restored dental benefits for adults. Enrollment also significantly increased during this time-period as a result of the Affordable Care Act

(ACA) and Medicaid Expansions across the country that were partly triggered by the COVID-19 pandemic. Additionally, California as a state has expanded Medi-Cal (the Medicaid program in California) coverage to different age cohorts in recent years regardless of immigration status. This will lead to expanded access to these populations, but also a need for education so that newly enrolled individuals are aware of services.

The rate of dental care utilization among Orange County Medi-Cal adults jumped from 9% in 2013 to 19% and 25% in 2019 and 2020, respectively. This represents a sixteen-percentage point increase over the seven-year time period. While this increase is significant, Orange County low-income adults still use services far below their more affluent counterparts. According to 2019 National Center for Health Statistics, approximately 66% of US adults with commercial dental insurance visit a dentist each year. The LOHP will continue to promote dental care use among its most vulnerable adults.

Data Source: <https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year-2013-to-2015/resource/cbcdc262-5877-422e-8d2a-bd1459a90950>



Existing Oral Health Needs (Continued)

Medi-Cal Enrolled Older Adults Who Received Any Dental Visit

Similar to younger adults, low-income seniors also reached an increase in dental care services between 2013 and 2020. This represents a steady increase in receipt of any dental care among adults ages 65 and older. According to Medi-Cal data, use of dental services increased from 8% to 25% over the same time period. This rate demonstrates a seventeen-percentage point increase in care for this population.

Data Source: <https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year-2013-to-2015/resource/cbcd262-5877-422e-8d2a-bd1459a90950>

Medi-Cal Enrolled Pregnant Individuals Who Received a Preventive Dental Visit

The Health Resources and Services Administration (HRSA) Bureau of Maternal and Child Health (MCHB), along with the American Dental Association (ADA), American Academy of Pediatric Dentistry (AAPD), and American College of Obstetricians and Gynecologists (ACOG), recommends pregnant individuals receive preventive dental care during pregnancy. Data on the use of such services is unavailable for Orange County residents; however, national data demonstrates low-income and Medi-Cal eligible pregnant individuals are less likely to receive these services. The LOHP plans to continue its efforts at promoting preventive services for pregnant individuals during the next grant cycle.



Existing Oral Health Needs (Continued)

Rate of Non-Traumatic Dental Visits to the Hospital Emergency Department



Non-traumatic dental use of the Emergency Department is a costly and ineffective way of sustaining the oral health of the county population. Updated data is not currently available to report on this measure. The LOHP will continue to monitor non-traumatic dental visits and aim to reduce rates in Orange County.

Data Source: Office of Statewide Health Planning and Development. Analysis provided by California Department of Public Health, Office of Oral Health.

Number of Water Systems Maintaining Optimum Community Water Fluoridation

Healthy People 2030 has set a goal of “77% of the population” as the measure of the number of people served by water systems that maintain optimum fluoride levels. In California, approximately 50% of the population have access to optimally fluoridated drinking water. Challenges in sharing community water supplies in Orange County make achieving this goal challenging. The LOHP has set a goal of 12 water systems maintaining optimum community water fluoridation (CWF) levels. Based on recent activity and data, Orange County is close to this goal. Orange County will continue to work with system operators to promote and support the expansion of CWF in Orange County.

Data Source:

https://nccd.cdc.gov/DOH_MWF/Default/WaterSystemList



Existing Oral Health Needs (Continued)

Percentage of Dental Providers Participating in the Medi-Cal Dental Program

Access and utilization of dental care by Medi-Cal beneficiaries is dependent upon an adequate dental workforce. Medi-Cal dental programs have traditionally struggled to maintain a sufficient dental network due to low reimbursement rates. According to the California Dental Association (CDA) in May 2020, 2,441 Orange County dental providers were enrolled in the Medi-Cal Dental Program. This number represents 66% (2,441 of 3,716) of the licensed dentists practicing in Orange County.



(Continued on next page)

Vision and Mission

To establish the 5-Year Orange County Local Oral Health Program (LOHP) Strategic Plan, the LOHP, in partnership with the Medicaid, Medicare, CHIP Services Dental Association (MSDA), convened the Orange County Oral Health Collaborative to review and update the existing vision and mission statements. After consideration of national, federal, and state oral health priorities, the partnership established the following vision and mission statements:

Vision

Oral Health Equity for all Orange County Residents

Mission

To collaboratively implement programs and services that aim to achieve oral health equity for all.



Strategic Planning

Between July and December of 2022, the LOHP convened the Orange County Oral Health Collaborative (OHC) to identify oral health issues affecting Orange County residents and identify targeted solutions for inclusion in the 2023—2027 Local Oral Health Program Strategic Plan.

The process initially included a review of current federal and national priorities, particularly those of Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA). This was followed by several brainstorming sessions that allowed all participants to provide input. In subsequent meetings, the group participated in consensus building exercises to narrow themes, identify targets and establish priorities.

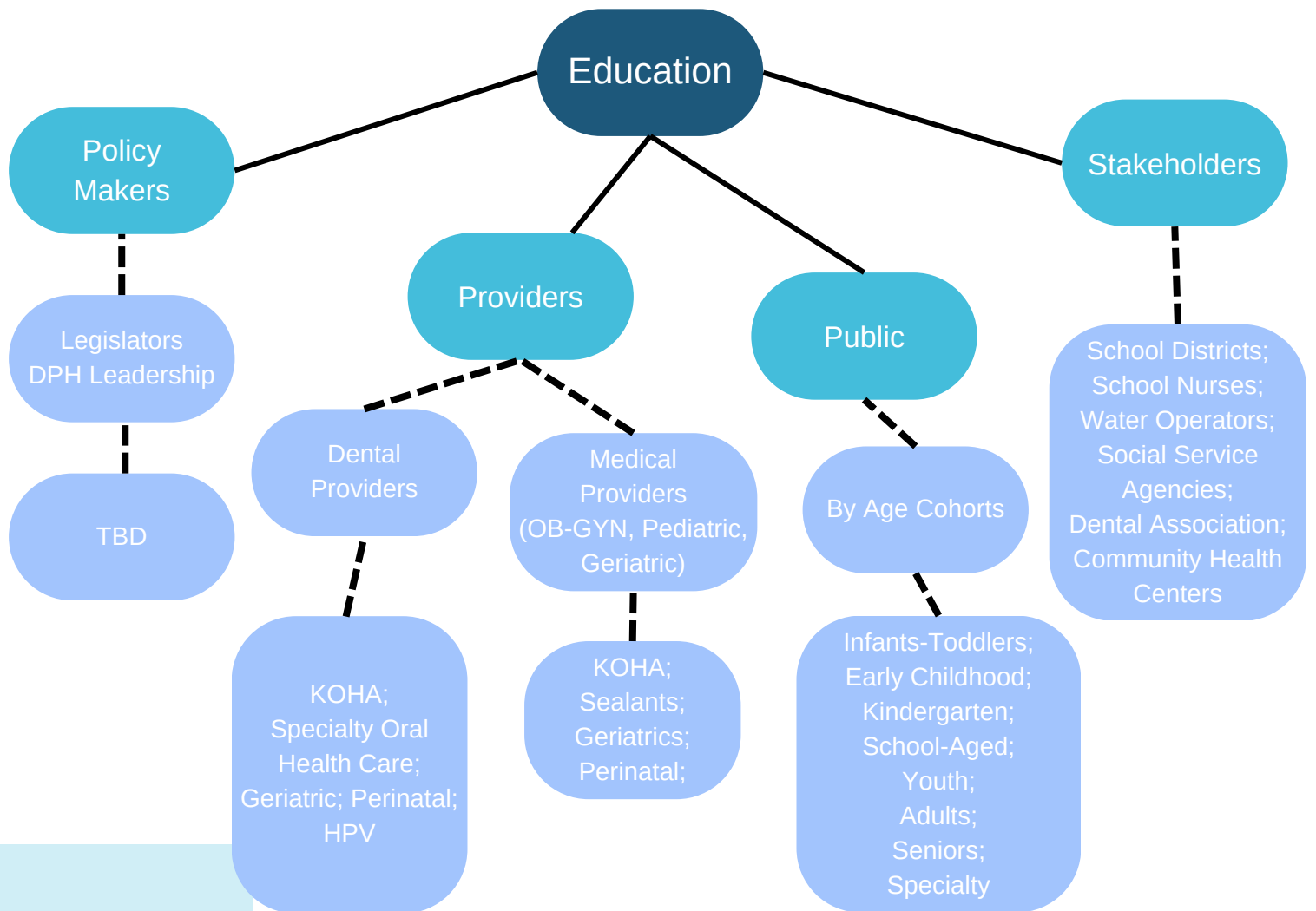


Four key focus areas were ultimately identified. These include Education, Prevention, Access, and Surveillance. These areas were later determined to serve as the four pillars from which the LOHP objectives and strategies would be directed. The following narrative describes how the Orange County LOHP and OHC developed a series of measurable objectives under each pillar and aligned a series of strategies for inclusion in this Strategic Plan.

Strategic Planning

Education: In considering the framework for an oral health Education strategy, OHC meeting participants discussed the needs of all residents within Orange County by various age cohorts. Because population-based interventions generally involve a targeted approach, the group believed it was important to consider where these groups are geographically and how such interventions could be effectively operationalized. The LOHP collected information during the meetings and followed up with a survey-questionnaire. In the questionnaire, participants were specifically asked to provide specific oral health education messages for which they believed each group might benefit. The following graphic depicts how the group broke down the cohorts and identified intervention strategies.

Strategic Approach Towards Advancing Knowledge, Cultural Competency, and Oral Health Literacy

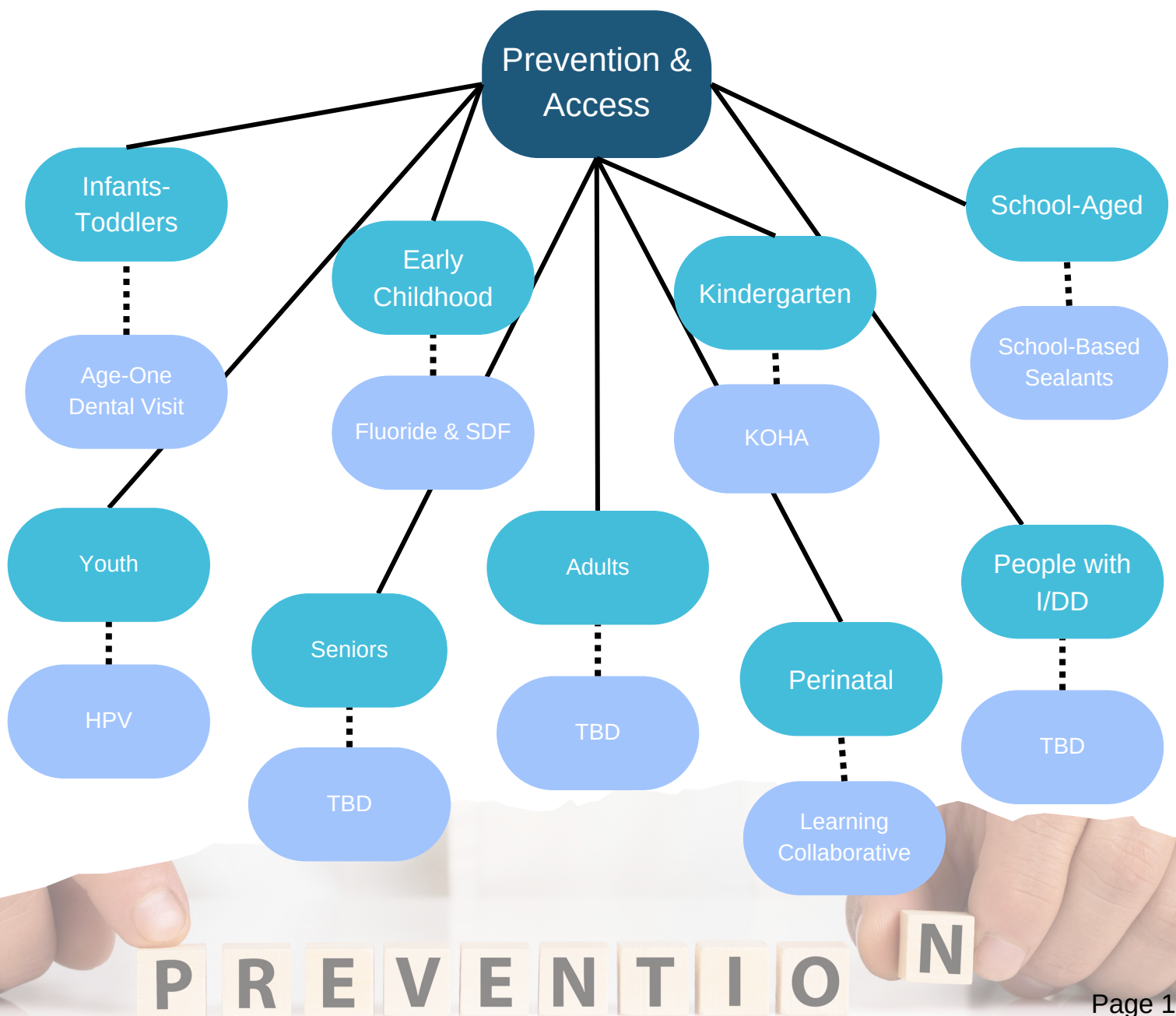


Strategic Planning

Access: Regarding Access to dental care across all population groups, the LOHP asked the OHC members to help in designing one or more programs to address barriers to accessing dental care. Participants were asked to prioritize by population cohort having the greatest need and/or which interventions they thought would be most feasible and effective for the LOHP and partners to implement.

Prevention: In considering Prevention, the following groups and topics were identified as targets of an oral disease prevention initiative.

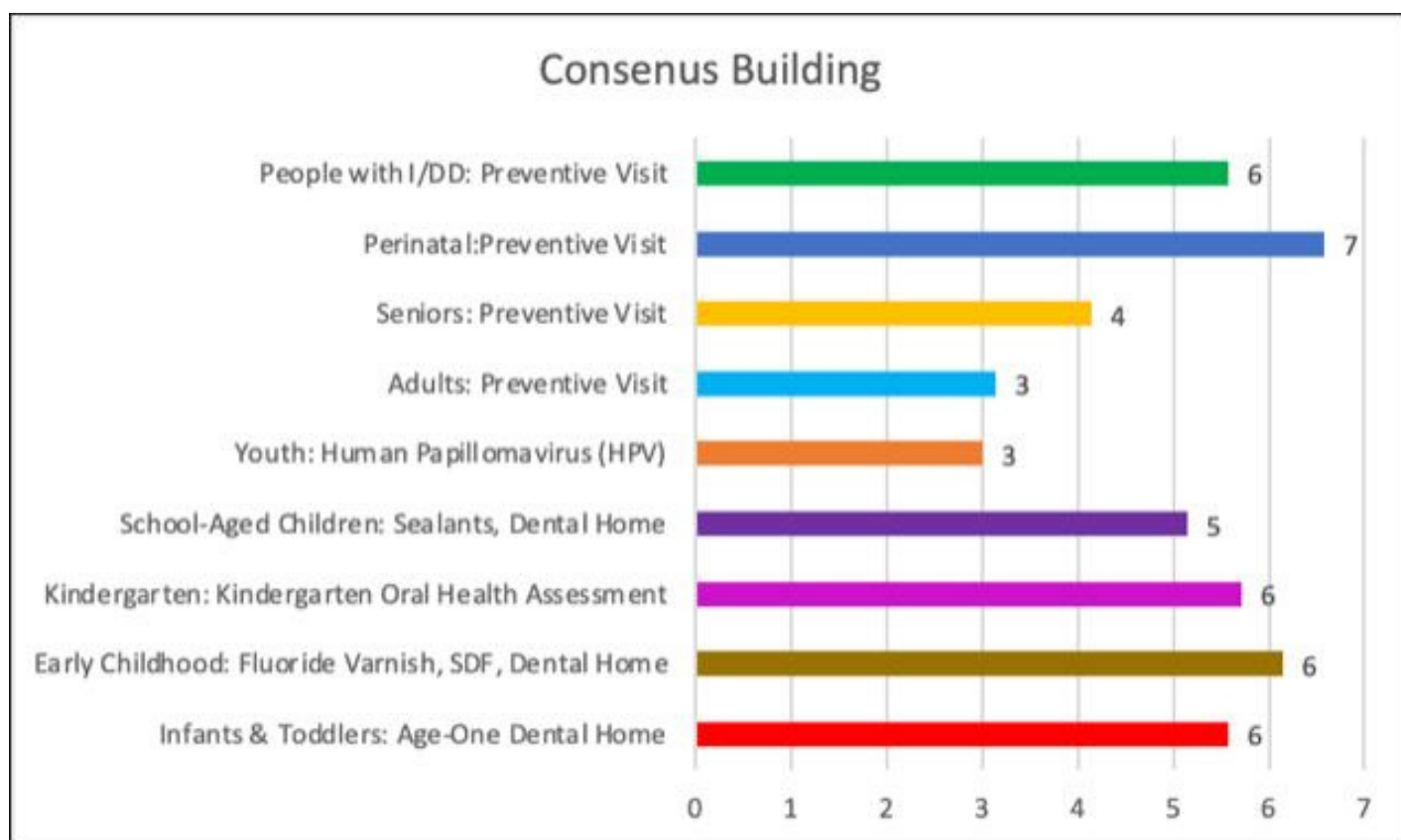
Targeted Approach Towards Improving Access and Preventive Oral Health Services



Strategic Planning

Consensus Building: Understanding the seriousness and needs of all population groups and issues were important, the LOHP asked participants to rank order each population group and topic based on what they felt should be given priority. The following graphic depicts the results of the consensus building survey among the OHC participants and the population groups that were selected to be prioritized.

Consensus Building to Determine Priorities



C O N S E N S U S

Strategic Pillars

**Oral Health Equity for all
Orange County Residents**

To collaboratively implement programs and services that aim to achieve oral health and oral healthcare equity for all.

**A
Provide
Education**

**B
Promote
Prevention**

**C
Increase
Access**

**D
Conduct
Surveillance**

**Partnership
Integration
Data Collection**



Strategic Objectives and Workplan

The following Strategic Workplan highlights the four strategic pillars and details S-M-A-R-T-I-E (Strategic; Measurable; Attainable; Realistic; Timebound; Inclusive; and Equitable) objectives developed by the Orange County Local Oral Health Program (LOHP) in collaboration with community partners. The LOHP has identified specific strategies to achieve each objective. The table posted under each pillar provides an at-a-glance view of the strategic workplan for that focus area.

Pillar A - Education

PUBLIC

Objective

A.1. By June 30, 2027, develop and disseminate 5 key public service announcements related to the oral health of Infants/Toddlers; Kindergarten and School-Age Children; Adults; Seniors; and People with I/DD that incorporate the social determinants of health and are equitable and culturally appropriate.

Metric

Number of Oral Health PSAs

Numerator

N/A

Denominator

N/A

Data Source

LOHP

Target

5

Reporting Timeline

Quarterly; June 30th annually

Strategy:

- Educate the public regarding the prevalence of oral diseases and their prevention by developing and disseminating targeted public service announcements (PSAs) relevant to children and families, adults, seniors, people with intellectual and developmental disabilities (I/DD), pregnant individuals, and caregivers.

Strategic Objectives and Workplan (Continued)

Pillar A - Education (Continued)

DENTAL PROVIDERS

Objective

A.2. By June 30, 2027, increase awareness and knowledge regarding the oral health needs of Infants/Toddlers; Kindergarten and School-Age Children; Adults; Seniors; and People with I/DD among Orange County dental providers.

Metric

Number/percentage of general dentists and dental hygienists that report increased knowledge and/or awareness following training and/or receipt of educational materials

Numerator

Number of dental providers that participated in training/received materials

Denominator

Number of dental providers in Orange County

Data Source

LOHP

Target

50% general dentists and Registered Dental Hygienists (RDHs) in Orange County

Reporting Timeline

Quarterly; June 30th annually

Strategies:

- Educate dental providers (dentists, dental hygienists, and dental office staff) regarding the unique needs of Orange County's underserved and disadvantaged residents.
- Collaborate with Medi-Cal to develop and disseminate Medi-Cal dental benefit information to Orange County dental providers.
- Collaborate with Orange County local chapters of the American Dental Association (ADA), American Academy of Pediatric Dentistry (AAPD), American Academy of Developmental Medicine and Dentistry (AADMD), and California Dental Association (CDA) to conduct oral health training sessions for dental providers and provider continuing education units (CEUs) using national curricula established by the ADA, AADMD, AAPD, and the American Academy of Family Physicians (AAFP).

Strategic Objectives and Workplan (Continued)

Pillar A - Education (Continued)

MEDICAL PROVIDERS

Objective

A.3. By June 30, 2027, increase awareness and knowledge regarding the oral health needs of Infants/Toddlers; Kindergarten and School-Age Children; Adults; Seniors; and People with I/DD among Orange County general and pediatric primary care physicians (PCPs), including behavioral health providers that work with these populations.

Metric

Number/percentage of general, pediatric and behavioral medical providers that report increased knowledge and/or awareness following receipt of educational materials

Numerator

Number of medical providers that participated in training

Denominator

Number of medical providers in Orange County

Data Source

LOHP

Target

50% general PCPs; 50% pediatric PCPs; 50% behavioral health providers

Reporting Timeline

Quarterly; June 30th annually

Strategies:

- Collaborate with Medi-Cal to develop and disseminate Medi-Cal dental and oral health benefit information to medical providers.
- Collaborate with the Orange County American Medical Association (AMA), American Academy of Pediatrics (AAP), AADMD, and AAFP to conduct oral health training sessions for medical providers using national curricula established by the ADA, AAFP, AADMD, and AAPD.

Strategic Objectives and Workplan (Continued)

Pillar A - Education (Continued)

POLICY MAKERS & SOCIAL SERVICE AGENCIES

Objective

A.4. By June 30, 2027, increase awareness and knowledge of oral health among policy makers and other key stakeholders. Potential topics: early childhood; KOHA-district nurse training; I/DD case managers; home visitors; behavioral health providers, and others.

Metric

Number/percentage of policy makers/stakeholders that report increased oral health knowledge and/or awareness following receipt of education materials

Numerator

N/A

Denominator

N/A

Data Source

LOHP

Target

1-5 Stakeholder groups per year

Reporting Timeline

Quarterly; June 30th annually

Strategies:

- Engage and provide oral health technical assistance to community partners such as administrators of Head Start agencies, early childhood centers, case management service agencies, and others and deliver oral health resources addressing needs of each constituency group.
- Develop and publish video(s) for policy makers and stakeholders regarding the oral health needs of each of the special population groups.
- Develop one-page Medi-Cal Dental Benefits Guide for use by Orange County stakeholders, such as administrators of social service agencies, community service groups, and others etc.

Strategic Objectives and Workplan (Continued)

Pillar B - Prevention

PUBLIC

Objective

B.1. By June 30th, 2027, increase the number/percentage of Orange County water districts that report maintaining optimum community water fluoridation levels to the State to 12.

Metric

Number/percentage of Orange County water districts with optimum community water fluoridation (CWF) levels

Numerator

Number of Orange County water districts with optimum CWF levels

Denominator

Total number of Orange County water districts

Data Source

https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Fluoridation.html

Baseline

11 Districts

Target

12 Districts

Reporting Timeline

Quarterly; June 30th annually

Strategies:

- Analyze feasible, cost-effective strategy options for fluoride optimization by location.
- Collaborate with the Orange County water quality program operators to target those with sub-optimum fluoride levels to discuss feasible strategies to reach optimum level by 2027.
- Implement an education campaign to educate the public and water operators on value of CWF.
- Develop and implement strategy to optimize fluoridation levels in targeted communities.

Strategic Objectives and Workplan (Continued)

Pillar B - Prevention (Continued)

GRADE 3 CHILDREN

Objective

B.2. By June 30, 2027, increase the prevalence rate of Grade 3 children who have dental sealant(s) on at least one permanent molar tooth by 10%.

Metric

Percentage of Grade 3 children with at least one dental sealant on a permanent molar

Numerator

Number of Grade 3 children with at least one dental sealant on a permanent molar

Denominator

Total number Grade 3 children enrolled

Data Source

[California Smile Survey](#)

Baseline

Grade 3: 28.1% [CDC Healthy People 2020]

Target

Baseline plus 10%

Reporting Timeline

Beginning on June 30, 2023; Every five years in coordination with CA Smiles Survey

Strategies:

- Collaborate with Department of Health Care Services (DHCS) to promote and increase dental sealant utilization among Medi-Cal beneficiaries through administrative outreach
- Develop community campaign/program to educate, promote, and incentivize dentists to deliver dental sealants to Orange County children ages 6-9 and 12-14 years old.
- Collaborate with school health administrators and local dental providers to promote school-based dental sealant programs.

Strategic Objectives and Workplan (Continued)

Pillar B - Prevention (Continued)

MEDI-CAL CHILDREN AGES 0 - <21

Objective

B.3. By June 30, 2027, increase the percentage of Medi-Cal enrolled children ages 0-<21 who receive a preventive dental service in the past year by 5%.

Metric

Percentage of Medi-Cal enrolled children ages 0-<21 in Orange County who received a preventive dental service (as defined by DHCS)

Numerator

Number of Medi-Cal enrolled children in Orange County who received a preventive dental service

Denominator

Total number of Medi-Cal enrolled children in Orange County

Data Source

DHCS (<http://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>)

Baseline

TBD

Target

Baseline plus 5%

Reporting Timeline

Annually

Strategies:

- Partner with local agencies, programs, and other organizations that provide direct services or support services to children ages 0-5 years old and families with children ages 0-5 years old.
- Develop and launch a plan to identify populations at risk, and link to preventive oral health care services.

Strategic Objectives and Workplan (Continued)

Pillar B - Prevention (Continued)

MEDI-CAL ADULTS AGES 21 - 64

Objective

B.4. By June 30, 2027, increase the percentage Medi-Cal adults ages 21-64 who receive a preventive dental service in the past year by 5%.

Metric

Percentage of Medi-Cal enrolled adults ages 21-64 years old in Orange County who received preventive service in past year (as defined by DHCS)

Numerator

Number of Medi-Cal enrolled adults ages 21-64 years old in Orange County who received preventive service in last year

Denominator

Total number of Medi-Cal adults 21-64 years old in Orange County

Data Source

DHCS (<http://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>)

Baseline

TBD

Target

Baseline plus 5%

Reporting Timeline

Annually

Strategies:

- Partner with social service agencies to identify strategies to reduce social risk factors such as transportation; food insecurities; housing insecurities; child care; and other structural risk factors that create barriers and reduce the use of routine preventive oral health care services.
- Engage and partner with Small Business Administration (SBA) to promote dental benefits for employees of small businesses.
- Engage community employers to promote dental benefits for employees and the use of preventive dental health care services.
- Promote the use of mobile dental services in the workplace.
- Partner with providers to promote evening hours and/or coordinate services with local employers.

Strategic Objectives and Workplan (Continued)

Pillar B - Prevention (Continued)

MEDI-CAL ADULTS AGES 65+

Objective

B.5. By June 30, 2027, increase percentage of Medi-Cal enrolled older adults (ages 65+) who receive any dental service by 5%.

Metric

Percentage of Medi-Cal enrolled older adults (ages 65+) in Orange County who received any dental service (as defined by DHCS)

Numerator

Number of Medi-Cal enrolled older adults (ages 65+) in Orange County who received any dental service

Denominator

Total number of Medi-Cal enrolled older adults (ages 65+) in Orange County

Data Source

DHCS (<http://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>)

Baseline

TBD

Target

Baseline plus 5%

Reporting Timeline

Annually

Strategies:

- Partner with Orange County social service agencies to identify strategies to reduce social risk factors such as transportation; food insecurities; housing insecurities; and other factors that influence and reduce use of routine preventive dental care services among seniors.
- Engage community centers and assisted living agencies to promote and provide for the delivery of preventive dental services for day and residential clients, respectively.
- Partner with Medicare Advantage Plans to promote use of dental benefits for seniors.
- Partner with community service providers such as Meals on Wheels, to deliver toothpaste and toothbrushes to eligible homebound seniors.
- Partner with local chapters of AARP and Alzheimer's Assoc (ALZ) to promote the use of preventive dental services among Orange County's seniors.

Strategic Objectives and Workplan (Continued)

Pillar B - Prevention (Continued)

MEDI-CAL ADULTS (21+) WITH I/DD

Objective

B.6. By June 30, 2027, increase the percentage of Medi-Cal enrolled adults with I/DD who receive a preventive dental service by 5%

Metric

Percentage of Medi-Cal enrolled adults (21+) with I/DD who received any dental service

Numerator

Number of Medi-Cal enrolled adults with I/DD who received any dental service

Denominator

Total number of Medi-Cal enrolled adults with I/DD in Orange County

Data Source

DHCS (<http://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>)

Baseline

TBD

Target

Baseline plus 5%

Reporting Timeline

Annually

Strategies:

- Develop and disseminate age-appropriate oral health materials available for people with I/DD and their caregivers.
- Engage both Medi-Cal and commercial dental plans to expand dental benefits/policy for people with I/DD.
- Collaborate with the Orange County Dental Association to promote and deliver specialized dental provider training for people with I/DD via continuing education webinars, study groups, and clinical seminars.
- Partner with social service agencies and organizations that serve people with I/DD and their caregivers to identify dental homes and other oral health care services for people with I/DD.
- Partner with Henry Schein Cares to develop a county-wide campaign to promote dental service delivery to people with I/DD.
- Partner with the Regional Center of Orange County (RCOC) in Santa Ana to collaborate in a county-wide campaign to promote dental service delivery to people with I/DD.
- Collaborate with Orange County employment agencies such as Engage Orange County Indeed, and the Orange County Department of Education (OCDE) Special Education Service to provide oral health care assistance to clients.

Strategic Objectives and Workplan (Continued)

Pillar C - Access

PUBLIC - ACCESS LINE

Objective

C.1. By June 30, 2027, reduce the number/percentage of calls to the 211 Access Line for dental emergencies by 10%.

Metric

Number and percentage of calls to the 211 Access Line for dental emergencies

Numerator

Number of calls to the 211 Access Line for dental emergencies

Denominator

Total number of calls to the 211 Access Line for all reasons

Data Source

Orange County - Health Care Agency

Baseline

TBD

Target

TBD

Reporting Timeline

Quarterly; June 30th annually

Strategies:

- Collaborate with administrators of 211 Access Line to identify social, structural, and oral health risk factors affecting Orange County residents by geography, gender, age, race and ethnicity, and disability, and develop strategies to address community needs and improve dental care coordination.
- Develop Geo-Map depicting locations of individuals utilizing the 211 Access Line for oral health care services, and link to DHCS dental providers. Develop geographic referral resource for 1) posting on the LOHP website; 2) dissemination to medical providers in Orange County; and 3) for 211 Access Line administrators.
- Develop public educational campaign to provide community residents with information regarding available dental access sites, and strategies for accessing dental care in Orange County.

Strategic Objectives and Workplan (Continued)

Pillar C - Access (Continued)

PUBLIC - NON-TRAUMATIC EMERGENCY ROOM VISITS

Objective

C.2. By June 30, 2027, reduce the percentage of non-traumatic dental visits to Emergency Department among children and adults to TBD per 100,000.

Metric

State Data Source Under development

Numerator

State Data Source Under development

Denominator

State Data Source Under development

Data Source

DHCS (<https://www.dhcs.ca.gov/services/Documents/MDSD/Dental-Related%20ER%20Utilization%20Data%202013-%202015.pdf>)

Baseline

2012-2016 Data (Rate per 100,000)

Children (3-5): 186.7 [CA: 283.7]

Children (6-9): 147.9 [CA: 218.5]

Adults (18-34): 248.5 [CA: 594.9]

Target

On hold as State is redeveloping data collection mechanism

Reporting Timeline

Quarterly; June 30th annually

Strategies:

- Engage local dental association and health plan providers to explore strategies for non-traumatic dental emergency department diversion.

Strategic Objectives and Workplan (Continued)

Pillar C - Access (Continued)

PUBLIC - DENTAL CARE ACCESS POINTS

Objective

C.3. By June 2027, increase the number of school- and/or community-based dental care access points in Orange County by at least three.

Metric

Number of school-based dental service sites in Orange County and the number of other community-based dental service sites in Orange County

Numerator

N/A

Denominator

N/A

Data Source

Orange County - Health Care Agency Local Oral Health Program

Baseline

TBD

Target

Baseline plus three (3)

Reporting Timeline

Annually

Strategies:

- Collaborate with community healthcare sites and providers including hospitals, Federally Qualified Health Centers (FQHCs), urgent care centers, pharmacies, and other medical clinics to identify locations for expanding dental clinic infrastructure in low-access areas within Orange County.

Strategic Objectives and Workplan (Continued)

Pillar C - Access (Continued)

DENTAL PROVIDERS

Objective

C.4. By June 30th, 2027, expand the Orange County Medi-Cal dental provider workforce by 10%.

Metric

Percent of Orange County dental providers enrolled in the Medi-Cal Dental Program

Numerator

Number of Orange County dental providers enrolled in the Medi-Cal Dental Program

Denominator

Number of Orange County dental providers

Data Source

DHCS

Baseline

TBD

Target

Baseline plus 10%.

Reporting Timeline

Annually

Strategies:

- Analyze and identify gaps in the Orange County Medi-Cal dental provider workforce, including dental provider specialties.
- Collaborate with DHCS to explore solutions including incentives for dentists to participate in the Medi-Cal program.

Strategic Objectives and Workplan (Continued)

Pillar C - Access (Continued)

MEDI-CAL CHILDREN AGES 0 - <21

Objective

C.5. By June 30, 2027, increase percentage of Medi-Cal enrolled children (ages 0-<21) who receive any dental service by 5%.

Metric

Percent of Medi-Cal enrolled children (ages 0-<21) in Orange County who received any dental service

Numerator

Number of Medi-Cal enrolled children (ages 0-<21) in Orange County who received any dental service

Denominator

Number of Medi-Cal enrolled children (ages 0-<21) in Orange County

Data Source

DHCS (<http://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>)

Baseline

Number of Medi-Cal enrolled children (ages 0-<21) in Orange County who received any dental service in previous year

Target

Baseline plus 5%.

Reporting Timeline

Quarterly; June 30th annually

Strategies:

- Collaborate with the OCDE and school health administrators to link at-risk children to a dental home.

Strategic Objectives and Workplan (Continued)

Pillar C - Access (Continued)

MEDI-CAL ADULTS AGES 21-64

Objective

C.6. By June 30, 2027, increase percentage of Medi-Cal enrolled adults ages 21-64 who receive any dental service by 5%.

Metric

Percent of Medi-Cal enrolled adults (ages 21-64) in Orange County who received any dental service.

Numerator

Number of Medi-Cal enrolled adults (ages 21-64) in Orange County who received any dental service

Denominator

Number of Medi-Cal enrolled adults (ages 21-64)

Data Source

DHCS (<http://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>)

Baseline

Number of Medi-Cal enrolled children (ages 0-<21) in Orange County who received any dental service in previous year

Target

Baseline plus 5%.

Reporting Timeline

Quarterly; June 30th annually

Strategies:

- Collaborate with local employers to promote and support access to and use of dental benefits by low-income employees.

Strategic Objectives and Workplan (Continued)

Pillar C - Access (Continued)

MEDI-CAL PREGNANT INDIVIDUALS

Objective

C.7. By June 30, 2027, increase the percentage of pregnant individuals enrolled in Medi-Cal who receive any dental service by 5%.

Metric

Percent of Medi-Cal enrolled pregnant individuals in Orange County who received any dental service.

Numerator

Number of Medi-Cal enrolled pregnant individuals in Orange County who received any dental service

Denominator

Number of Medi-Cal enrolled pregnant individuals in Orange County

Data Source

DHCS (<http://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>)

Baseline

Number of Medi-Cal enrolled children (ages 0-<21) in Orange County who received any dental service in previous year

Target

Baseline plus 5%.

Reporting Timeline

Quarterly; June 30th annually

Strategies:

- Collaborate with Orange County FQHCs to promote integrated oral health care among pregnant patients.

Strategic Objectives and Workplan (Continued)

Pillar D - Surveillance

KINDERGARTEN ORAL HEALTH ASSESSMENT

Objective

D.1.a. By June 30, 2027, increase the percentage of Orange County school districts that report KOHA data to CDPH via SCOHR website to 75%.

D.1.b. By June 30, 2027, increase the percent of schools that report KOHA data to CDPH via SCOHR website to 60%.

D.1.c. By June 30, 2027, increase the percent of kindergarten students who provide KOHA assessment to schools by 5%

Metric

Percent of Orange County districts, schools, and kindergarten students that report KOHA data to CDPH via SCOHR website

Numerator

Number of districts, schools, and kindergarten students that submit KOHA data

Denominator

Total number of districts, schools, and kindergarten registered in SCOHR

Data Source

SCOHR (<https://www.ab1433.org/home/overview>)

Baseline

SCOHR: Districts = 11/27(41%); Schools = 124/609 (20%); Students = 9,648/34,060 (28%)

Target

Districts: 75%; Schools: 60%, Students: baseline plus 5%

Reporting Timeline

Annually

Strategies:

- Strategies listed in Pillars A, B, and C are intended to impact the objectives found in Pillar D. There are no direct strategies for surveillance based objectives in Pillar D because these objectives are meant to help monitor the pulse of the community. The surveillance objectives assist with the ongoing systematic collection, analysis, interpretation, and dissemination of oral health data to help with decision making and action.

Strategic Objectives and Workplan (Continued)

Pillar D - Surveillance (Continued)

KINDERGARTEN DENTAL CARIES EXPERIENCE

Objective

D.2. By June 30, 2027, reduce the prevalence of dental caries experience (treated and untreated dental caries) in Orange County kindergarten children by 5%.

Metric

Percent of kindergarten children with history of treated and untreated dental caries

Numerator

Number of kindergarten children with history of treated and untreated dental caries

Denominator

Number of children enrolled in kindergarten

Data Source

SCOHR

Baseline

15%

Target

Baseline plus 5%.

Reporting Timeline

Annually

Strategies:

- Strategies listed in Pillars A, B, and C are intended to impact the objectives found in Pillar D. There are no direct strategies for surveillance based objectives in Pillar D because these objectives are meant to help monitor the pulse of the community. The surveillance objectives assist with the ongoing systematic collection, analysis, interpretation, and dissemination of oral health data to help with decision making and action.

Strategic Objectives and Workplan (Continued)

Pillar D - Surveillance (Continued)

KINDERGARTEN UNTREATED TOOTH DECAY

Objective

D.3. By June 30, 2027, reduce the prevalence of untreated tooth decay in kindergarten children by 5%.

Metric

Percent of kindergarten children with untreated dental caries

Numerator

Number of kindergarten children with untreated dental caries

Denominator

Number of children enrolled in kindergarten

Data Source

SCOHR

Baseline

13%

Target

Baseline minus 5%.

Reporting Timeline

Annually

Strategies:

- Strategies listed in Pillars A, B, and C are intended to impact the objectives found in Pillar D. There are no direct strategies for surveillance based objectives in Pillar D because these objectives are meant to help monitor the pulse of the community. The surveillance objectives assist with the ongoing systematic collection, analysis, interpretation, and dissemination of oral health data to help with decision making and action.

Strategic Objectives and Workplan (Continued)

Pillar D - Surveillance (Continued)

GRADE 3 DENTAL CARIES EXPERIENCE

Objective

D.4. By June 30, 2027, reduce the prevalence of dental caries experience (treated and untreated dental caries) in Grade 3 children by 5%.

Metric

Percent of Grade 3 children with history of treated and untreated dental caries

Numerator

Number of Grade 3 children with history of treated and untreated dental caries

Denominator

Number of children enrolled in grade 3

Data Source

California Smile Survey

Baseline

55.3%

Target

Baseline minus 5%.

Reporting Timeline

Every 5 years, with next report scheduled for 2025

Strategies:

- Strategies listed in Pillars A, B, and C are intended to impact the objectives found in Pillar D. There are no direct strategies for surveillance based objectives in Pillar D because these objectives are meant to help monitor the pulse of the community. The surveillance objectives assist with the ongoing systematic collection, analysis, interpretation, and dissemination of oral health data to help with decision making and action.

Strategic Objectives and Workplan (Continued)

Pillar D - Surveillance (Continued)

GRADE 3 UNTREATED TOOTH DECAY

Objective

D.5. By June 30, 2027, reduce the prevalence of untreated tooth decay in Grade 3 children by 5%.

Metric

Percent of Grade 3 children with untreated dental caries

Numerator

Number of Grade 3 children with untreated dental caries

Denominator

Number of children enrolled in grade 3

Data Source

California Smile Survey

Baseline

14.6 %

Target

Baseline minus 5%.

Reporting Timeline

Every 5 years with next report scheduled for 2025

Strategies:

- Strategies listed in Pillars A, B, and C are intended to impact the objectives found in Pillar D. There are no direct strategies for surveillance based objectives in Pillar D because these objectives are meant to help monitor the pulse of the community. The surveillance objectives assist with the ongoing systematic collection, analysis, interpretation, and dissemination of oral health data to help with decision making and action.

Strategic Objectives and Workplan (Continued)

Pillar D - Surveillance (Continued)

PUBLIC - ORAL AND PHARYNGEAL CANCER

Objective

D.6. By June 30, 2027, reduce the incidence of oral and pharyngeal cancer in Orange County to 8.4%.

Metric

Incidence rate of oral and pharyngeal cancer in Orange County

Numerator

Total Orange County population age adjusted

Denominator

Number of new cases

Data Source

California Cancer Registry

Baseline

10.4% age adjusted

Target

8.4% age adjusted

Reporting Timeline

Annually

Strategies:

- Strategies listed in Pillars A, B, and C are intended to impact the objectives found in Pillar D. There are no direct strategies for surveillance based objectives in Pillar D because these objectives are meant to help monitor the pulse of the community. The surveillance objectives assist with the ongoing systematic collection, analysis, interpretation, and dissemination of oral health data to help with decision making and action.



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CHILDREN NOW
COALITION OF ORANGE COUNTY COMMUNITY HEALTH CENTERS
GOLDEN AGE DENTAL CARE
HEALTHY SMILES FOR KIDS
KCS HEALTH CENTER
MOMS ORANGE COUNTY
NORTH ORANGE COUNTY ROP
ORANGE COUNTY HEAD START
ORANGE COUNTY HEALTH CARE AGENCY
 COMPREHENSIVE PERINATAL SERVICES PROGRAM
 LOCAL ORAL HEALTH PROGRAM
 NUTRITION SERVICES - CALFRESH HEALTHY LIVING
 PUBLIC HEALTH NURSING
 TOBACCO USE PREVENTION PROGRAM
REGIONAL CENTER OF ORANGE COUNTY
SHARE OUR SELVES
SMILE, CALIFORNIA
SOUTHLAND INTEGRATED COMMUNITY CLINIC
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WEST COAST UNIVERSITY
WESTERN UNIVERSITY

THANK
YOU

ORANGE COUNTY ORAL HEALTH STRATEGIC PLAN

2023-2027

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