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Message from Assemblymember Jim Wood

I am pleased to partner with the Humboldt County Oral Health Leadership Team to present the 2019-2022 Humboldt County Oral Health Strategic Plan.

As a dentist and state legislator, I have made improving oral health a top priority throughout my career. I opened my family dental practice in 1987, and have seen first-hand the impact of dental disease on quality of life.

We know that rural communities face unique challenges to health. Rural places tend to have high rates of adverse childhood experiences, substance use disorder, and mental health issues, as well as lower access to nutritious foods and health care services, all of which contribute to poor oral health. Diet, nutrition, sleep, mental health, social interaction, school, and employment are all affected by impaired oral health.

Fortunately, Humboldt County has a long history of multi-agency collaboration to address disparities and gaps in oral health services. This plan provides a roadmap to strategically address those gaps in Humboldt County. I remain committed to improving the Denti-Cal program, and expanding access to dental care for children and adults throughout California, and in rural communities like Humboldt. It is through this collective action and strategic planning that together, we will succeed.

I commend the Humboldt County Oral Health Leadership Team and Dental Advisory Group for their ongoing efforts to improve oral health care and I look forward to continued collaboration to ensure that every Humboldt County resident has access to dental care and improved oral health.

Assemblymember Jim Wood
Executive Summary

Oral health plays a vital role in overall health. The 2018-2028 California Oral Health Plan conducted by the California Department of Public Health (CDPH) in collaboration with the Department of Health Care Services (DHCS) serves as a framework to improve the oral health of California. This plan is supported by Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016. It 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. The 2018 Humboldt County Oral Health Needs Assessment (Needs Assessment) conducted by the California Center for Rural Policy (CCRP) recognized Humboldt County’s need for improved oral health care and access to services. With funding from Prop 56, the unmet oral health needs of Humboldt County will be better served.

The purpose of the 2019-2022 Humboldt County Oral Health Strategic Plan is to systematically address oral health disparities in Humboldt County, as identified through the Needs Assessment. The Oral Health Strategic Plan involves providing children with preventive services, delivering education and resources for children and families, advocating for community water fluoridation, developing an oral health literacy campaign, and identifying what is needed to meet the dental needs of the Medi-Cal Dental population. The central goals of this plan are to reduce the rates of untreated decay in the 0-5 population, improve the return rate of the Kindergarten Oral Health Assessment, increase oral health literacy, and improve access to preventive healthcare.

According to the California Oral Health Plan, oral health refers to the health of the entire mouth. Good oral health means to be free of tooth decay, gum disease, chronic oral pain, and other conditions that affect the mouth and throat. Many families in Humboldt County are not aware that cavities are preventable by brushing two times a day with fluoride toothpaste, flossing at least once a day, limiting sugary drinks and snacks, and visiting the dentist at least twice a year.

The five dental clinics in Humboldt County that accept Medi-Cal Dental have prioritized serving children. Consequently, access for adults is limited, which leaves them seeking treatment out of the county or not at all.
Methodology

This Oral Health Strategic Plan was developed with guidance from the California State Dental Director and staff. Dawn Arledge, Director of Health Research for CCRP provided advice on how to design the Oral Health Strategic Plan. The California Oral Health Plan 2018-2028, the San Mateo Oral Health Strategic Plan 2017-2020, and the Sonoma County Dental Health Network’s Strategic Plan 2017-2020 were utilized as guides as well.

After reviewing the Needs Assessment, the Oral Health Leadership Team (OHLT) and Dental Advisory Group (DAG) members identified common themes and concerns of the oral health in Humboldt County. Next, the California Oral Health Plan and County Work Plan were reviewed to determine strategies to accomplish goals and objectives provided by the state. The goals and objectives were then evaluated to create measureable targets for the next four years. Effective collaboration with community partners was essential for the creation of this plan.
Mission, Vision, & Values

Mission

The Oral Health Leadership Team brings multidisciplinary leadership to coordinate data-driven system change to improve oral health for all, especially low-income Humboldt County residents.

Vision Statement

Our communities thrive because oral health is valued as essential to well-being. Equitable opportunities ensure that everyone has optimum oral health.

Values

• Oral health and overall health are linked.
• People should have equal and sustainable access to preventive and restorative dental care.
• People should have equal, timely access to relevant oral health information.
• We value evidence-informed decision making to improve oral health in our community.
• We value collaboration and coordination across all agencies and organizations that work to improve the oral health of our community.

Background

The Humboldt County Oral Health Needs Assessment (2018) recognized unmet oral health needs as a serious concern for the community. The Needs Assessment was used as a guide for the Oral Health Strategic Plan by identifying the strengths and weaknesses of the County’s oral health care system. These findings are comprised of data collected from various reports, surveys, interviews, and meetings. The key findings are as follows:

The U.S. General Surgeon’s Report on Oral Health (2000) outlined the importance of oral health and its relation to overall health with the following findings:

• The mouth is a portal of entry, as well as the site of disease for microbial infections that affect overall health.
• Studies demonstrate an association between periodontal disease and diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes.
• Diet, nutrition, sleep, psychological status, social interaction, school, and work are affected by impaired oral health.
According to the Institute of Medicine and National Research Council (Improving Access to Oral Health Care for Vulnerable and Underserved Populations, 2011), “Vulnerable and underserved populations face persistent and systemic barriers to accessing oral health care. Dental caries disproportionately affects vulnerable and underserved populations. Because good overall health requires good oral health, the unmet oral health needs of millions of Americans cannot be neglected” (as cited in Arledge, 2018, p.6).

**Humboldt County**

According to the Needs Assessment (2018), Humboldt County qualifies as a Dental Health Professional Shortage Area. Access to dental care varies by insurance status and income, so the dental shortage is experienced more intensely by different segments of the community. In 2017, there were 44 full time equivalent (FTE) dentists to serve the 74,219 residents with private or employer-provided insurance which created a dentist to patient ratio of 1 to 1,686. This is similar to the average ratio of 1 to 1,636 for all dentists in the U.S., according to the American Dental Association (as cited in Arledge, 2018, p.30). For the 51,185 residents on Medi-Cal Dental, there are five dental clinics that accept this insurance. Using this average U.S. ratio, it is estimated that Humboldt would need 31 full time dentists that accept Medi-Cal Dental. Currently, the number of full time dentists who work in the clinics is much less, with a current estimate of less than 25.

Access for new adult patients varies over time and by clinic, but is generally difficult. Clinics that accept Medi-Cal Dental are highly impacted and policies around new patients and/or emergency access differs between clinics. Adults in pain can often be seen with an emergency appointment. Each clinic has their own protocols, but generally an emergency appointment may require a long wait by the patient. Providing care is dynamic, and impacted clinics have to adapt to fluctuating staffing levels and patient loads.

The five dental clinics that accept Medi-Cal Dental insurance are Federally Qualified Health Centers (FQHC’s) or Federally Qualified Health Center Look-Alikes. These clinics are paid on a per-encounter basis and not a fee-for-service. It should be acknowledged that this type of payment combined with a policy of only treating one quadrant of the mouth per visit, can potentially extend the timeline to finish a patient’s treatment plan.

In recent years, the Department of Health Care Services has tried to make Medi-Cal Dental a better insurance for both patients and providers. In 2018, Medi-Cal Dental launched a marketing campaign, enhanced customer services with a comprehensive website and help-line, and made the process easier for private practice dentists to become Medi-Cal Dental providers. Dentists can now limit the number of Medi-Cal Dental patients they serve. This is partly in
response to the 2016 Little Hoover Commission Report, “Fixing Denti-Cal”. According to the report, poor reimbursement rates for private practice dentists and slow billing processes make it difficult for dentists to work with Medi-Cal Dental and have alienated interested providers. In a 2019 gathering of local Humboldt dentists, they also said this two payment system (fee for service vs per encounter) sets up an economic disincentive to take Medi-Cal Dental, since a fee for service system encourages a more rapid completion of dental treatment plans. There is also a legacy of frustration with the Medi-Cal Dental system that is a current barrier. These systemic barriers make it difficult for low-income and vulnerable populations to access dental care.

**Children’s Oral Health**

Dental decay is preventable, however it is the most common chronic childhood disease. Children are amongst the county’s most vulnerable populations, and although all dental clinics that accept Medi-Cal Dental prioritize children, it may take several months for a child to be seen by a dentist. According to the Kindergarten Oral Health Assessment (KOHA), on average, one in four Humboldt County students entering kindergarten have untreated tooth decay. With oral health population-based data being limited, these assessments are a key source for collecting data on children (Arledge, 2018). The KOHA provides the County with valuable information to identify school districts with the highest rates of untreated decay.

When dental disease is not treated early, children may end up needing extensive restorations that require full anesthesia. From 2008-2018, 960 children from Humboldt County were seen at the PDI Surgery Center in Sonoma County. The majority of the children treated at PDI were enrolled in Medi-Cal and 64% of the population were children ages 6 and under (Arledge, 2018).

**Adult Oral Health**

The dental clinics that accept Medi-Cal Dental have very limited capacity to serve adults. With the challenge of accessing dental services, many individuals in pain often seek care at the emergency room where they are likely to receive only pain management and antibiotics. This is ineffective, as it does not treat the underlying cause of the problem and can be expensive. According to the California Department of Public Health Dental Data Dashboard 2012-2016, Humboldt County’s rate of preventable dental emergency department visits for ages 18-34 was 2,138, almost four times the state rate of 595, from 2012-2016 (as cited in Arledge, 2018, p.32).

For older adults in Humboldt County there is no dental coverage through Medicare. According to A Healthy Smile Never Gets Old: A California Report on the Oral Health of Older Adults reported by the Center for Oral health in 2018, many older adults suffer from untreated tooth decay.

Oral Health Strategic Plan 2019-2022
Oral Health Strategic Plan 2019-2022

decay and those living in a rural area are worse off than those living in urban areas (as cited in Arledge, 2018 p. 45).

There is extremely limited data on the oral health status of adults in Humboldt County. This includes vulnerable populations such as seniors, pregnant women, people experiencing homelessness, and those with developmental disabilities.

Community Water Fluoridation

According to the American Dental Association (2019), community water fluoridation is one of the most efficient ways to prevent tooth decay. Humboldt County has limited water districts with fluoridated water systems, leaving 66% of residents without access to fluoridated water. According to the California Water Board (as cited in Arledge, 2018, p.33), there are only three water districts in the county with a fluoridated water supply:

- City of Arcata
- City of Eureka
- Jacoby Creek County Water District

Measure W, an effort to remove fluoride from Arcata was defeated by a near 2/3 majority vote in 2006. In Humboldt County, there is a lack of consistent messaging and readily available information about fluoride. While fluoride is a natural mineral proven to treat tooth decay, many residents have a resistance to fluoride (Centers for Disease Control and Prevention, 2016). In 2008, an effort to add fluoride into the Manila community water supply through Measure A was defeated 164 to 20. In 2013, the Hoopa Tribal Council voted to remove fluoride from its water system and has remained un-fluoridated since.

Efforts to Improve Oral Health in Humboldt County

Humboldt County has a long history of multi-agency collaboration to address disparities and gaps in oral health service.

In 1999, a group of community stakeholders came together to create the Dental Advisory Group (DAG) in response to the limited availability of dental services for low-income residents. The DAG has now met for 20 years and provides a network of informed oral health advocates. In 2015-16 the DAG branded all the various agencies’ oral health improvement efforts under the one brand “Smile Humboldt.”

In 2001, the California Endowment funded the Circle of Smiles initiative to develop and sustain a network of services and education to improve oral health for children. This included an
education program, an Oral Health Coordinator, sealant clinics, a dental van, and the expansion of the Burre Dental Clinic to 14 operatories. Since the Circle of Smiles funding ended in 2005, the DAG and other partners have continued to network to sustain these efforts.

In 2002, the California Conservation Corps as a part of Circle of Smiles, began offering a classroom-based oral health education program called TOOTH (Teaching Oral Optimism Throughout Humboldt). This was later taken over by Redwood Community Action Agency (RCAA). TOOTH provides age-appropriate oral health curriculum to preschool and elementary classrooms county-wide.

In 2005, the governor signed AB 1433 which required school districts to provide proof of oral health screenings (Kindergarten Oral Health Assessment, KOHA) for kindergarten students entering the school system for the first time, and to provide an annual report to the County Office of Education. The State Budget Act of 2009 made the program optional, but the California Department of Education (CDE) continues to distribute funding to support implementation of the law. Most school districts in Humboldt County do participate, even though the return rate varies.

In 2007, the Humboldt County Department of Health & Human Services (DHHS)- Women, Infant and Children (WIC) Division began offering Well-Child Dental Visits (WCDV). The Well-Child Dental Visits builds on the Well-Child Medical Visit model, where children ages 0-3 are assessed, provided fluoride varnish, and become familiar with the dental procedures. Open Door Community Health Centers’ Burre Dental Clinic also began offering WCDVs in subsequent years.

In 2014, the Humboldt County DHHS- Public Health Branch (PHB) formed the Oral Health Leadership Team (OHLT). This is a group of governmental, medical/dental, educational, and non-profit leaders with a goal to provide strategic direction and insight to oral health efforts in Humboldt County.

In 2017, the Humboldt County DHHS PHB was awarded one of fifteen Local Dental Pilot Projects through the Dental Transformation Initiative (DTI) led by the California Department of Health Care Services. Humboldt’s focus areas are on intensive care coordination for high risk children and integrating dental services in the medical setting.

Professional associations and educational opportunities for dental health are active on the North Coast. The Humboldt- Del
Norte Dental Society is an association of dental professionals serving the population of Humboldt and Del Norte counties. The California Dental Hygienists’ Association- Six Rivers is an association of dental hygienists in Humboldt and Del Norte counties. College of the Redwoods (CR) offers an Associate of Science degree in Dental Assisting and a Certificate of Achievement in Dental Assisting. Humboldt State University has a pre-professional health program that supports students interested in dental professions.

**Community Health Improvement Plan**

The Humboldt County Community Health Improvement Plan (CHIP) 2014-2019 represents the strategic and collaborative efforts to address the top six community priority areas for improving health and well-being.

- Strengthen social and family cohesion
- Shift social norms around alcohol and other drugs
- Increase access to quality health and preventive care
- Increase access to and use of diverse mental health care options
- Increase affordability, availability, and knowledge of healthy foods
- Ensure safe neighborhoods for residents, pedestrians and bicyclists

Through these efforts, the goal of the County CHIP is to reduce premature death caused by cardiovascular disease, alcohol and other drug overdoses, suicide, motor vehicle crashes, and liver disease. These specific health outcomes were recognized in the 2013 Community Health Assessment as being 5 of the 8 leading causes of premature death in Humboldt County that are essentially preventable.

To identify what factors were contributing to these poor health outcomes, the Bay Area Regional Health Inequities Initiative (BARHI) framework was used. This framework signifies the link between social inequities and health outcomes by looking at various upstream and downstream factors that contribute to poor health outcomes. Addressing risk factors further upstream makes a larger impact on preventing premature death than focusing on those downstream. By decreasing identified barriers and using preventive strategies, many poor health outcomes can be reduced. Addressing one priority area like increasing access to quality health and preventive care, can impact several of the targeted health outcomes.

Oral diseases and the chronic diseases mentioned above share many risk factors such as tobacco use, access to care, and poor nutrition. Many of the Prop 56 objectives work on addressing these risk factors. Weaving in oral health to future versions of the CHIP will enhance the capacity to improve the health of Humboldt County residents.
Social Determinants of Health

Social determinants of health are various factors that affect our health, including: individual lifestyle factors, social and community networks, and general socio-economic, cultural, and environmental conditions. One’s social environment has a much greater impact on health outcomes than access to care. Rural communities often face unique barriers, such as geographic isolation and limited transportation options, which result in health outcomes that are worse than urban and suburban areas (National Advisory Committee, 2017). Low-income and vulnerable populations in Humboldt County face specific challenges in regards to experiencing poor oral health outcomes. It is important to understand the broad range of factors that affect a person’s health in order to improve health equity and decrease health disparities.

Population-based Oral Health Improvements

To have the greatest impact on population health, interventions that address structural factors are imperative. Frieden’s Health Impact Pyramid highlights which efforts have the highest population impact and which require more individual effort.

Evidence-based approaches and best practices help guide Public Health’s work. Evidence-based practices involve consistent research across studies, extensive review of data, and can be implemented in different settings, resulting in the same outcome. Best practices are based on research, and expert opinion, have strong theoretical rationale, and the outcome may vary depending on the setting (Walton-Haynes, 2018).
Starting at the bottom of the pyramid, Public Health will address socioeconomic factors by working with schools to incorporate an oral health component in their school Wellness Policies and to improve oral health literacy. Public Health will use community water fluoridation, an evidence-based practice and school based oral health screenings, a best practice, to change the framework for health. Fluoride varnish applications and school dental sealant programs are two long-lasting protective intervention strategies that will be used in school districts with the highest rates of untreated decay. According to Centers for Disease Control and Prevention (2019) school-based dental sealant programs are an evidence-based practice that has been proven to reduce tooth decay by 80%. Reaching the top of the pyramid, Public Health will engage key partners in promoting tobacco cessation, and the Rethink Your Drink and Brush Book Bed campaigns. Implementing strategies at each level will improve oral health.

Public Health will work to decrease high rates of untreated decay, increase KOHA return rates, and improve oral health literacy and preventive services. Through these combined efforts the oral health of Humboldt County can be improved.
## Humboldt County Proposition 56 - Summary of Proposed Goals

<table>
<thead>
<tr>
<th>Goal Area</th>
<th>Humboldt County</th>
<th>Source - Humboldt County</th>
<th>California State Oral Health Plan</th>
</tr>
</thead>
</table>
| **Access to Care (Goal 1)**   | Improve access to preventive oral health services for children 0-12 years old. | Children’s Dental Strategic Plan, 2012  
Healthy Teeth for Life, 2014  
Dental Advisory Group input  
Oral Health Leadership Team input | Improve the oral health of Californians by addressing determinants of health and promote healthy habits and population based prevention interventions to attain healthier status in communities (Goal 1). |
| **Multi-Agency Collaboration (Goals 2 & 3)** | Sustain networking and collaboration to improve coordination, advocacy, collective problem-solving, and innovation. | Children’s Dental Strategic Plan, 2012  
Healthy Teeth for Life, 2014  
Dental Advisory Group input  
Oral Health Leadership Team input | Align the dental health care delivery system, payment systems, and community programs to support and sustain community-clinical linkages for increasing utilization of dental services (Goal 2).  
Collaborate with payers, public health programs, health care systems, foundations, professional organizations, and educational institutions to expand infrastructure, capacity, and payment systems for supporting prevention and early treatment services (Goal 3). |
| **Education (Goal 4)**        | Improve oral health and overall health by creating a culture shift around the importance of preventive oral health care and address social determinants of overall health including oral health. | Children’s Dental Strategic Plan, 2012  
Healthy Teeth for Life, 2014  
Dental Advisory Group input  
Oral Health Leadership Team input | Develop and implement communication strategies to inform and educate the public, dental teams, and decision makers about oral health information, programs, and policies (Goal 4). |
| **Monitoring & Evaluation (Goal 5)** | Improve monitoring of population’s oral health status and identify key performance measures to track progress. | Children’s Dental Strategic Plan, 2012  
Healthy Teeth for Life, 2014  
Dental Advisory Group input  
Oral Health Leadership Team input | Develop and implement a surveillance system to measure key indicators of oral health and identify key performance measures for tracking progress (Goal 5). |
**Goal 1:** Improve the oral health of Humboldt County residents by addressing determinants of health, and promoting healthy habits and population-based prevention interventions to attain healthier status in healthy communities.

**Objectives**

1. **By 2022, provide preventive oral health care services for 25% of eligible children ages 3-12 in target school districts within each school year.**

2. **By 2022, increase the anticipatory guidance and oral health education to all elementary school children, and teachers in target school districts.**

3. **By 2022, engage and collaborate with target communities in discussions on community water fluoridation.**

**Strategies:**

- Plan and implement school-based preventive oral health program in target school districts.
- Partner with local Registered Dental Hygienists in Alternative Practice (RDHAP) to conduct annual screenings, cleanings, and apply fluoride varnish and sealants for eligible children.
- Provide sealant retention checkups to children who received sealants.
- Create inventory of oral health (OH) education resources, including information on sealants and fluoride.
- Deliver cohesive and consistent OH education and resources to children, school administration, staff, and families.
- Provide education to children, teachers, and parents on oral hygiene, plaque control, nutrition, sealants, and the importance of fluoride.
- Utilize fluoridation professionals to support target community stakeholders in discussions about community water fluoridation and its feasibility.
- Promote community water fluoridation by engaging target communities in dialogue.
- Develop a section of fluoridation facts and resources on Local Oral Health Program (LOHP) websites.
**Goal 2:** Align dental health care delivery system, payment systems, and community programs to support and sustain community-clinical linkages for increasing utilization of dental services.

1. **By 2022, determine the need and capacity to serve the Medi-Cal Dental population in Humboldt County.**

2. **By 2022, produce a county-wide action plan for implementation of oral health care delivery strategies specific to rural communities.**

**Strategies:**

- Partner with California Center for Rural Policy to conduct research and work with the Oral Health Leadership Team (OHLT) to identify potential OH care delivery strategies and workforce development efforts that can increase the county-level capacity to serve the Medi-Cal Dental population.
- Conduct a series of interviews and focus groups with key stakeholders.
- Consult with experts to prioritize and identify appropriate strategies for Humboldt County.
- Develop a report summarizing key findings from interviews and focus groups.
- Discuss report findings with OHLT and prioritize strategies for further research.
- Assess the economic feasibility, level of potential impact, and potential partners and/or champions to implement prioritized strategies.
- Produce a county-wide action plan for the implementation of prioritized strategies that are economically feasible, supported by partners, and likely to have a positive level of impact on the Medi-Cal population.
- Sustain and enrich the Dental Advisory Group (DAG) and OHLT through ongoing multi-agency collaboration and creative problem solving.
Goal 3: Collaborate with payers, public health programs, health care systems, foundations, professional organizations, and educational institutions to expand infrastructure, capacity and payment systems for supporting prevention and early treatment services.

1. By 2022, reduce the percentage of Kindergarten children with untreated decay in target school districts by 12%.
2. By 2022, increase the number of Kindergarten Oral Health Assessment (KOHA) submission by 20% through collaboration with target school districts.

Strategies:
- Identify, engage, and train community based organization staff to provide OH education, appropriate referrals, and follow up for oral health care.
- Promote policy development on OH standards of care in elementary classrooms, Early Childhood Education (ECE) settings, and home visiting programs.
- Encourage first dental visit by age one and participation in Well-Child Dental Visits for children ages 0-5.
- Develop classroom brushing procedures and trainings for ECE and elementary school settings.
- Engage programs by providing “brush in a box” kits to promote classroom brushing.
- Gather and understand best practices from school districts with high KOHA return rates.
- Share effective strategies to ensure a high KOHA return rate with target schools; provide technical assistance and linkages to dental resources.
Goal 4: Develop and implement communication strategies to inform and educate the public, dental teams, and decision makers about oral health information, programs, and policies.

Objectives

1. By 2022, increase the number of community partners and dental offices engaged in preventive oral health education by 10%.
2. By 2022, increase the number of public health programs and health professionals providing anticipatory guidance and education on oral health to children and parents.

Strategies:

- Survey local dental offices to assess their readiness to implement tobacco cessation counseling, and to utilize Rethink Your Drink (RYD) and Brush Book Bed (BBB) resources.
- Provide dental offices with preventive OH resources and materials (tobacco cessation, RYD, and BBB) and follow up to enhance utilization.
- Promote BBB campaign and deliver materials to ECE programs that will encourage families to have a consistent dental routine.
- Ensure key OH messages are consistent and delivered in languages appropriate to the community.
- Develop a cohort of champions and other advocates to promote preventive OH activities, raise OH literacy, and improve community engagement through media and other innovative outlets.
**Goal 5:** Develop and implement a surveillance system to measure key indicators of oral health and identify key performance measures for tracking progress.

**Objectives**

1. By 2020, develop and implement an oral health surveillance system, report data regularly, and receive feedback from oral health coalitions.
2. Between 2019 and 2022, maintain a fully staffed county oral health program and oral health coalitions in the County.

**Strategies:**

- Collect, analyze, and use data to assess policy change and guide program planning and development.
- Develop OH Evaluation Plan to monitor and measure success, and determine the effectiveness of the LOHP in achieving the proposed goals and objectives.
- Establish data tracking for LOHP activities, including school-based dental services and other preventive services for data collection and program analysis.
- Disseminate results and outcomes to California Department of Public Health on a predetermined schedule to monitor program effectiveness and goals.
- Report data regularly to OH coalitions comprised of OHLT and DAG to receive feedback and enhance Humboldt County’s OH advocacy efforts.
<table>
<thead>
<tr>
<th>OHSP Goal/Obj.</th>
<th>Work Plan Obj.</th>
<th>Activity</th>
<th>Target</th>
<th>Timeframe</th>
<th>Performance Measure</th>
<th>Data Source</th>
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<tbody>
<tr>
<td>1.1</td>
<td>6</td>
<td>Dental screening</td>
<td>25% of students at targeted schools</td>
<td>2019-2022</td>
<td># of students screened/school enrollment</td>
<td>School based tracking form</td>
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<td>Tracking form for strategies</td>
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<td>Produce county-wide action plan for OH delivery services</td>
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<td>Meetings with community partners who support 0-5 population</td>
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<td># of meetings/year # of partners met with/year</td>
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<td>OHSP Goal/Obj.</td>
<td>Work Plan Obj</td>
<td>Activity</td>
<td>Target</td>
<td>Timeframe</td>
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<td>Encourage first dental visit and Well-Child Dental Visit</td>
<td>Ensure monthly data collection for WCDV from WIC &amp; Burre</td>
<td>2019-2022</td>
<td># of children receiving a Well-Child Dental Visit</td>
<td>WIC &amp; Burre</td>
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<td>Provide classroom brushing procedures and trainings to ECE &amp; elementary school settings</td>
<td>12 settings</td>
<td>2019-2022</td>
<td># of settings receiving procedures and training/settings contacted</td>
<td>Tracking form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td># of settings adopting procedures/settings receiving procedures &amp; training</td>
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</tr>
<tr>
<td>3.2</td>
<td>7</td>
<td>Develop and provide strategies for targeted schools to increase KOHA return rates</td>
<td>3 strategies recommended to targeted schools</td>
<td>2019-2022</td>
<td># of new strategies developed</td>
<td>School based tracking form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td># of schools provided with KOHA best practices</td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>8</td>
<td>Provide dental offices Tobacco cessation, RYD, and BBB resources</td>
<td>50% of dental offices assessed who are not currently providing resources</td>
<td>2019-2022</td>
<td># of dental offices receiving resources/dental offices assessed</td>
<td>Tracking form for dental offices</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td># of dental offices implementing resources/dental offices receiving resources</td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>9</td>
<td>Promote BBB in ECE programs</td>
<td>50% of programs assessed who are not currently implementing BBB</td>
<td>2019-2022</td>
<td># of programs provided with BBB materials/programs assessed</td>
<td>Tracking form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td># of programs implementing BBB/programs receiving BBB resources</td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>8</td>
<td>Identify champions</td>
<td>Y3, 4; Y4,6; Y5, 8</td>
<td>2019-2022</td>
<td># of champions at targeted schools</td>
<td>Tracking form</td>
</tr>
</tbody>
</table>
## Appendix

**Local Oral Health Program Target School Districts**  
Based on Kindergarten Oral Health Assessment (KOHA) Data from 2009-2018

<table>
<thead>
<tr>
<th>Tier</th>
<th>School District</th>
<th>Decay Rate</th>
<th>Return Rate of KOHA</th>
<th>% FRPM 2017-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Scotia Union (Stanwood. A Murphy)</td>
<td>57%</td>
<td>53%</td>
<td>67%</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Klamath-Trinity Joint Unified</td>
<td>51%</td>
<td>44%</td>
<td>88%</td>
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<tr>
<td>Tier 1</td>
<td>Hoopa Valley Elementary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Jack Norton Elementary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Orleans Elementary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Trinity Valley Elementary</td>
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<td></td>
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<tr>
<td>Tier 1</td>
<td>Weitchpec</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Rio Dell (Eagle Prairie Elementary)</td>
<td>41%</td>
<td>80%</td>
<td>82%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Loleta Union Elementary</td>
<td>39%</td>
<td>66%</td>
<td>90%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Eureka City Schools</td>
<td>35%</td>
<td>40%</td>
<td>83%</td>
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<tr>
<td>Tier 2</td>
<td>Alice Birney</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>Grant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>Lafayette</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>Washington</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>Fortuna Elementary</td>
<td>31%</td>
<td>92%</td>
<td>83%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Ambrosini</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>South Fortuna Elementary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>Arcata Elementary</td>
<td>31%</td>
<td>44%</td>
<td>70%</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Ferndale Unified</td>
<td>29%</td>
<td>61%</td>
<td>57%</td>
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<tr>
<td>Tier 3</td>
<td>South Bay Union</td>
<td>28%</td>
<td>44%</td>
<td>64%</td>
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<td>Tier 3</td>
<td>Pine Hill</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tier 3</td>
<td>South Bay</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Humboldt County Average</td>
<td>25%</td>
<td>60%</td>
<td>59%</td>
</tr>
</tbody>
</table>

Acknowledgements

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Redwood Community Action Agency
Redwoods Rural Health Centers

Dental Advisory Group

Humboldt County Oral Health Leadership Team

Thank you to all the individuals and agencies that strive to improve the oral health of Humboldt County residents!
References


