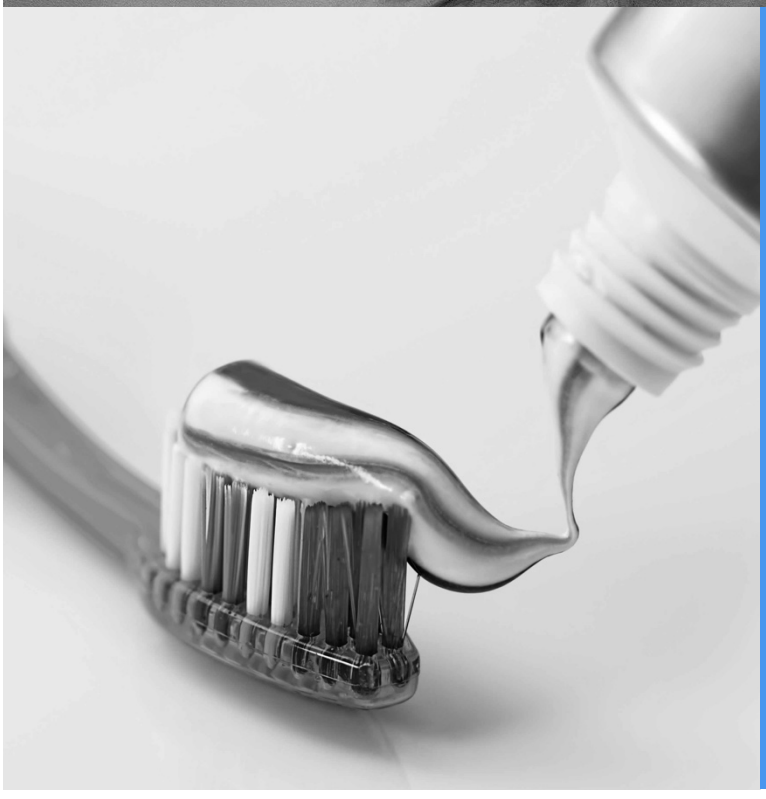

MENDOCINO COUNTY
ORAL HEALTH PROGRAM

Community Health Improvement Plan

2019 - 2022

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EXECUTIVE SUMMARY

When it comes to improving community health, the efforts of engaged community stakeholders go a long way. In early 2018, Mendocino County, Health and Human Services, Public Health, Community Wellness, (formerly Community Health Education and Engagement) became one of the many Local Health Departments who were awarded 5 years of funding from the State of California, Department of Public Health to develop and implement a county-wide Oral Health Plan.

The Mendocino County Oral Health Program Community Health Improvement Plan (CHIP) is the result of an effort that builds upon the past success of other local efforts such as Healthy Mendocino[1], a completed community needs assessment per state requirements and a collaborative process of identifying oral health opportunities and gaps as a community in order to improve the health of our county residents.

The Mendocino County Oral Health Program wishes to acknowledge the expertise, enthusiasm, and countless hours committed to this process by all persons listed in the acknowledgements. We are committed to building on this foundation of community engagement and partnership as we implement and evaluate the impact of our CHIP. We encourage residents and community groups to join the CHIP process as it enters the Action Phase. By collaborating on priority oral health issues, community members will help realize the vision of making Mendocino County the healthiest place in which to live, learn, and earn.

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[1] Launched in 2013, Healthy Mendocino was designed to support establishing local priorities by giving easy access to timely data on 90 indicators of local health and its determinants.

INTRODUCTION

In January, 2018 the California Department of Public Health released their California Oral Health Plan for 2018-2028. By doing so, the California Department of Public Health (CDPH) made improving the oral health of California residents across all 58 counties in the state a priority. The funding for the Oral Health Program was provided by the Proposition 56 *Tobacco Tax Increase,* which appeared on the November, 2016 State ballot. Over 60% of the voters approved the tobacco tax and the State began collecting the funds in April, 2017.

Mendocino County is proud to be one of the many local health jurisdictions in California developing a county-wide oral health plan to improve access and quality of oral health for the most underserved populations in our county. The Mendocino County, Health and Human Services, Public Health, Wellness Unit launched the local effort for developing, integrating and expanding oral health incorporating several key steps as outlined by CDPH. Steps include:

1. Establishing initial infrastructure
2. Mobilizing community support by establishing an Advisory Committee
3. Assessing needs and resources
4. Formulating a vision, mission and guiding principles
5. Determining priorities and goals

The Oral Health Program Advisory Committee, which forms the backbone of the program, began to meet on a monthly basis to look at existing assets, needs and priorities. Facilitated by staff assigned from the Community Wellness Unit, the Advisory Committee engaged in discussions of what was important to achieve, preserve, avoid, and eliminate in the local ecosystem of oral health. Most immediately, the Advisory Committee recognized that oral health is a critical component of general health and well-being. The committee also recognizes that the relative lack of funding and system capacity has led to critical gaps in access to preventive and restorative oral health services.

In addition to the Advisory Committee sessions, the planning process leveraged an in depth assessment of available data and oral health indicators as well as a community survey and Key Informant Interviews to better understand the landscape of local needs. Electronic and paper surveys were distributed to health professionals and to the public (English and Spanish versions) to add a local perspective to the Plan.

With the primary focus being on underserved and vulnerable populations, the mission, vision, goals, priorities and strategies outlined in this document are a reflection of those findings, discussions and the evidence base for oral health nationally as well as locally.

BACKGROUND (KEY FACTS, NEEDS ASSESSMENT)

In keeping with Objective 2 of the state's Oral Health Work Plan, Mendocino County conducted a Community Needs Assessment to identify the most pressing oral health issues for the county's residents in order to inform a plan for improvement with corresponding goals, strategies and priorities. Community based surveys and Key Informant Interviews contributed to the extensive breadth and depth of input collected to inform this plan.

In its extensiveness, the needs assessment identified several data points as unavailable or difficult to acquire. These missing data points further informed and enhanced the Key Informant Interview Protocol and questions for the community survey. This meant engaging hundreds of community and local public health system stakeholders, including representatives from K-12 education, higher education, funders, nonprofit agencies, and others. Our conclusion from this finding was that continued surveillance and data gathering are important factors in on-going health optimization of county residents.

The California Oral Health Plan emphasizes prevention as a key strategy as do local stakeholders. This entails preventive oral health factors focused on children, which include increasing the number of children receiving preventive dental visits, dental sealants and fluoride varnish, as well as providing school-based services and education. We know, for example, that children consuming sugary beverages and fast food on a regular basis may be at increased risk for dental caries. Though a majority of children in Mendocino County seem to be covered for dental services, there are a number of children that are not receiving regular visits with a dentist at all. Regular dental visits for children are another strategy to ensure that any oral health concerns are identified and addressed early, and that children are receiving preventive treatments. These findings point the way to prevention as a major component of our work. Dental insurance is also an important factor to consider for prevention efforts, as it can be an access barrier for preventive oral health services. In fact, lack of health insurance was the number one barrier to receiving oral care cited by community members who responded to our needs assessment survey.

Other populations are also at risk. In a rural county, attention to community members that may be greatly impacted by geographic access to oral health care is extremely important. Without such attention, these populations would go underserved. There are also several indigenous tribes based throughout Mendocino County with unique oral health needs and concerns.

Available research also suggests that individuals experiencing homelessness are often at great risk for experiencing oral health problems. In addition to children, the elderly are another population that may have higher risk of untreated oral health concerns. These findings reflect the importance of outreach to vulnerable and underserved populations.

Finally, local data gathered through Key Informant Interviews and community surveys surfaced important themes for ongoing work, including:

1. Access to care
2. Education and awareness
3. Capacity building for providers
4. Attitudes and practices that contribute to oral health

In addition to these themes, improving community awareness of services was another significant priority area for the stakeholders interviewed. In fact, 90% of the interviewees articulated a need for more community outreach and education and awareness efforts.

Given the community's resiliency and propensity to work together, there appear to be a wide range of opportunities for strategic partnerships, and collaborative initiatives to ensure that all of the county's members have the knowledge, access, and support they need to reach optimal oral health. The vision, guiding principles, and goals for this plan, are developed with this key community opportunity in mind.

The following table summarizes the results of the Needs Assessment:

Needs Assessment Key Findings
General
● According to the 2016 California Health Interview Survey, 27.8% of adult respondents from Mendocino County reported "fair" or "poor" condition of teeth, and 5.6% reported not having natural teeth, compared to 2.1% of respondents across the state reporting not having natural teeth.[1] ● Between October 2017 and January 2018, the Adventist Health Ukiah Medical Center reported 142 emergency room dental complaints, and the Howard Adventist Health Hospital reported 82 complaints.[2] ● The statewide age-adjusted rate of oral cancer from 2014 to 2015 was 9.94 per 100,000; in Mendocino County, the rate of oral cancer was 12.05 per 100,000, which is higher than the statewide rate.[3] ● Between 2015 and 2016, only 28.7% of adults ages 21-64 who were eligible or enrolled in the same Medi-Cal plan for at least 90 days received an annual dental visit.[4] ● The 2016 California Health Interview Survey indicates that 18.9% of respondents in Mendocino County currently smoke, in comparison to 11.9% statewide.[5]
Children
● Of Mendocino County children, ages 3 months to 5 years enrolled in Head Start in 2017, 10% required dental treatment; and, 93% of those children that required treatment received an intervention.[6] ● Reporting for the 2016 kindergarten oral health requirement, from four school districts in Mendocino County, indicated that 99 children had proof of a dental assessment and 23 had untreated tooth decay.[7] ● According to 2017 survey data from the Supplemental Nutrition Assistance Program, 51% of Mendocino County children, ages 2 to 17, in the program had consumed fast food one or more

[1] UCLA Center for Health Policy Research. AskCHIS 2016. Condition of Teeth – Adults (Mendocino County, California).
[2] Adventist Health Ukiah Medical Center. (2018, June). [Emergency Room Dental Complaints October 8, 2017 - January 31, 2018]
[3] California Cancer Registry. (2018). Age-Adjusted Invasive Cancer Incidence Rates by County in California, 2014 - 2015.
[4] California Department of Health Care Services. (2017, March).
[5] UCLA Center for Health Policy Research. AskCHIS 2016. Current Smoking Status - Adults (Mendocino County, California).
[6] Head Start Mendocino County. (2018, July). [Head Start Dental Data].
[7] California Dental Association. (n.d.). AB1433 Reported Data: Kindergarten Oral Health Requirement(report).

times in the past week.[8]
- According to responses from the 2016 California Health Interview Survey, 60.3% of Mendocino County children (ages 3-11) with dental insurance had seen a dentist within the past 6 months, compared to 80% of insured children in Humboldt County, and 46.5% in Sonoma County.[9]

Older Adults

- Of those Medi-Cal eligible, dental-related emergency room visits in 2015, almost 34% of those were amongst Hispanic/Latino adults over the age of 65, and nearly 27% were amongst white adults.[10]
- Between 2015-2016, only 33.7% of adults in Mendocino County ages 65 to 74 who were eligible or enrolled in Medi-Cal for at least 90 days received an annual dental visit; and the number decreased to 28.1% for eligible or enrolled adults ages 75 to 84.[11]

Indigenous Community

- According to a 2015 oral health survey, about 65% of American Indian/Alaskan Native adults in the U.S. have untreated tooth decay, and 17% have severe periodontal disease.[12]
- The 2017 IHS Oral Health Survey revealed that 86% of American Indian/Alaskan Native children in the U.S. have untreated dental caries in their baby teeth.[13]
- The 2015 Native Oral Health Project survey of 53 American Indian/Alaskan Native mothers residing in Northern California indicated that 72% of respondents experienced one or more barriers to accessing oral health care; and, one of the most common barriers was travel time to dental appointments.[14]

Homeless Community

- According to service data reported for 2017, the proportion of homeless patients served by federally qualified health centers in Mendocino County ranged from .54% to 8.22% of their total patient population.[15]
- In 2009, researchers from the Health Resources and Services Administration found that 59.1% of the homeless survey respondents were smokers, 87.5% had dental concerns in the past 6 months, and 52.7% had needed dental care in the past year.[16]

Key Informant Interviews

Key Themes that emerged from 10 key informant interviews with community stakeholders:
- There is an overwhelming emphasis on the need to improve access to oral health services through more service providers, increased mobility to access services, and increased affordability of services.

[8] California Department of Public Health (n.d.). 2017 County Profiles: Supplemental Nutrition Assistance Program Education(Issue brief).
[9] UCLA Center for Health Policy Research. AskCHIS 2016. Time Since Last Dental Visit; Currently Insured (Mendocino County, Humboldt County, Sonoma County).
[10] California Department of Health Care Services. (2016, November).
[11] California Department of Health Care Services. (2017, March).
[12] Phipps, K. R., Dr. P.H., & Ricks, T. L. (2016, March).
[13] Phipps, K. R., Dr. P.H., & Ricks, T. L. (2017, April).
[14] Crawford, A., Wimsatt, M.A., (2015, September).
[15] Health Center Program. (n.d.). ANDERSON VALLEY HEALTH CENTER, INC.; Health Center Program. (n.d.). 2017 LONG VALLEY HEALTH CENTER, INC.; Health Center Program. (n.d.). 2017 MENDOCINO COAST CLINICS, INC.; Health Center Program. (n.d.). 2017 MENDOCINO COMMUNITY HEALTH CLINIC, INC.; Health Center Program. (n.d.). 2017 REDWOOD COAST MEDICAL SERVICES
[16] Lebrun-Harris, L. A., Baggett, T. P., Jenkins, D. M., Sripipatana, A., Sharma, R., Hayashi, A. S., … Ngo-Metzger, Q. (2013).

• There is a need to improve community awareness of services. • There is a need to improve capacity for providers. • There is a need to improve how the community prioritizes health, and their understanding of how important certain behaviors are for improving and maintaining oral health.
Knowledge, Attitudes, and Behavior Survey
• 30.37% of respondents (n=378) reported not having dental coverage. • When asked about how important their oral health is to them, survey respondents (n=374) primarily expressed that oral health is of importance. • 74.37% of respondents "disagreed" with the statement that there is no need to worry about baby teeth because they will just fall out (n=355). A majority (60.06%) also agreed that fluoride helps to fight cavities (n=358).
Adventist Medical Evangelism Network (AMEN) Community Survey
• 70.9% of respondents reported that they had not seen a dentist in the past year. • 81.5% of respondents reported that they could not afford the cost of a dentist visit. • Other reasons for not accessing care included fear of, or not liking the dentist (13%); not wanting to spend the money (7.4%); being too busy (7.4%); not being able to take time off (3.7%); lack of transportation (3.7%); and, the dental office being too far away (1.9%).

VISION AND GUIDING PRINCIPLES

As a result of joint leadership and collaboration, a vision and guiding principles were established by the Advisory Committee made up of key stakeholders who interface with oral health in the community. In addition to oral health, Advisory Committee members share a common interest in connecting children and families with resources and services in Mendocino County. The Advisory Committee developed a monthly meeting schedule to meet the project needs, which includes the identification of other resources, community partners and individuals who have expertise in oral health services, public health, and related community efforts in Mendocino County.

VISION:
Oral health for better overall health.

MISSION:
Improve overall health by providing greater accessibility to oral health care.

GUIDING PRINCIPLES:

- Equity – advance oral health to achieve health equity.
- Accountability – take responsibility for delivering on our goals and objectives.
- Integrity – demonstrate integrity through our timely and responsive actions.
- Accessibility – reduce barriers and improve access to oral health care for all.
- Patient-centered – ensure that patient needs guide our decisions.
- Collaboration – work together to harness our collective strengths.

- Prevention – promote prevention through community education and engagement.

OVERARCHING GOALS

The Advisory Committee engaged in conversations over a period of months to discuss and evaluate the current state of oral health in Mendocino County, as well as the availability of data and resources to advance improved access and quality of oral health.

In addition to the local needs assessment, the Committee was informed by the 2017 Status of Oral Health in California Report. A key finding of this report indicates that the health of the entire mouth and throat is considered oral health and is not solely limited to dental health. Research has shown the importance of oral health and the significant impact that poor oral health can have on the everyday lives of individuals. These findings resonated with the experience of local stakeholders.

In considering goals for the project, the Advisory Committee coalesced around those things they wished to achieve, preserve, avoid, and eliminate in the local landscape of oral health.

They recognized, for example, the importance of achieving routine continuous care, annual exams, medical/dental integration, increased application of sealants and fluoride varnish, and education and engagement activities. They also recognized the importance of preserving existing service capacity while enhancing access to care and eliminating tooth decay, tooth loss, and the need for emergency room care, by better preventive up-stream community programming and messaging.

The following goals were created with the Committee's priorities in mind as well as the availability of local and national research on the state of oral health. They are grounded in the concept of maximizing resources to achieve the greatest impact while meeting community need.

Goal 1: PREVENTION

Develop, disseminate, and promote the use of best practice information related to oral health.

Goal 2: ACCESS

Expand access to early intervention and high-quality oral health services by addressing unmet needs and known barriers in underserved populations.

Goal 3: AWARENESS

Raise oral health awareness in order to build support for policies, practices, and resources to address the county's oral health needs.

Goal 4: CAPACITY

Increase the capacity of oral health service practitioners through training and technical assistance.

Goal 5: PARTNERSHIP

Convene and facilitate a 'partnership for oral health' to help create an integrated system of medical/oral health care.

Goal 6: SURVEILLANCE

Expand the existing oral health data collection and surveillance system to provide comprehensive and timely reporting of oral health needs, outcomes, and disparities.

Goal 7: INSURANCE

Expand the existing oral health data collection and surveillance system to provide comprehensive and timely reporting of oral health needs, outcomes, and disparities.

Goal 8: INTEGRATION

Increase access to high quality oral health care by expanding the roles of oral health and medical providers to work in a more integrated capacity.

Goal 9: IMPLEMENTATION

Successfully implement the State Oral Health Plan and the Community Health Improvement Plan.

Goal 10: EVALUATION

Develop and implement a systematic methodology to evaluate the implementation of the State Oral Health Plan and Community Health Improvement Plan.

FIVE YEAR SMART OBJECTIVES

Goal 1: PREVENTION

Develop, disseminate, and promote the use of best practice information related to oral health.

Objective 1.1

By June 2022, increase the number of 6-9 year old patients who receive sealants by 3%, and continue to increase that number by an average of 1% each year.

Objective 1.2

By December 2019, increase the use of caries risk assessment by health professionals.

Objective 1.3

By June 2022, increase the number of dental offices using tobacco cessation advice by 30%.

Objective 1.4

By June 2022, decrease the number of oral health-related Emergency Room visits by 3%, and continue to decrease by an average of 1% per year. This decrease is consistent across all demographic groups.

Objective 1.5

By June 2022, decrease the number of children identified with “serious disease” per 1000 screened, as reported through school-based screenings, by 3%.

Goal 2: ACCESS

Expand access to early intervention and high quality oral health services by addressing unmet needs and known barriers in underserved populations.

Objective 2.1

By June 2020, provide in-school oral health services, including dental sealants and fluoride varnish, and education, to at least 80% of elementary schools meeting criteria of low-income and high-need and provide preventive services to at least 75% of students attending those schools.

Objective 2.2

By June 2020, increase the number of private dentists who accept Denti-Cal, and continue to increase this number by at least one provider per year.

Goal 3: AWARENESS

Raise oral health awareness in order to build support for policies, practices, and resources to address the county's oral health needs.

Objective 3.1

By December 2019, develop and/or share evidence-based guidelines and best practices with health professionals, educators, and consumers through at least 2 different platforms.

Objective 3.2

By March 2020, develop and share relevant oral health information with policy makers through at least one meeting to help build local health policy agendas aimed at decreasing oral health disparities.

Goal 4: CAPACITY

Increase the capacity of oral health service practitioners through training and technical assistance.

Objective 4.1

By June 2022, 80% of system partners provide at least staff two trainings per year using evidence-based oral health curricula, as reported in the Annual Partner Survey.

Objective 4.2

By June 2020, Mendocino Oral Health Program will distribute at least five tools/materials to providers and system partners as Oral Health resources. The Oral Health Program Coordinator will continue to distribute this number of tools annually.

Objective 4.3

By 2022, develop and maintain a fully staffed county oral health program and Mendocino County Oral Health Advisory Committee.

Goal 5: PARTNERSHIP

Convene and facilitate a 'partnership for oral health' to help create an integrated system of medical/oral health care.

Objective 5.1

By June 2020, ensure that at least 12 partner agencies are represented in the Oral Health Advisory Committee, including at least 3 dental partners, 1 partner engaged in mobile dentistry, at least 3 social service partners, and at least 2 medical partners. This will increase interaction among health professionals, educators, and social service organizations in order to create an integrated approach to oral health care.

Objective 5.2

By June 2020, system partners report a high level of coordination on an Annual Partner Survey, and continue to report high coordination each year.

Objective 5.3

Increase the number of medical partners that integrate oral health into overall health by 5% by 2022.

Goal 6: SURVEILLANCE

Expand the existing oral health data collection and surveillance system to provide comprehensive and timely reporting of oral health needs, outcomes, and disparities.

Objective 6.1

By December 2019, inform partners of data needs and develop a plan to support data collection as necessary.

Objective 6.2

Consistently collect data and report data to relevant system partners and stakeholders annually.

Goal 7: INSURANCE

Make dental insurance available to all county residents, especially to special populations who may be underserved or hard-to-reach.

Objective 7.1

By June 2022, increase the proportion of Mendocino County residents who have dental insurance coverage by 3%.

Goal 8: INTEGRATION

Increase access to high quality oral health care by expanding the roles of oral health and medical providers to work in a more integrated capacity.

Objective 8.1

By December 2020, institutionalize screenings for optimal oral health with at least 75% of medical practitioners.

Goal 9: IMPLEMENTATION

Successfully implement the State Oral Health Plan and the Community Health Improvement Plan.

Objective 9.1

By October 2019, develop a work plan with detailed information of how to accomplish each goal and objective.

Objective 9.2

By December 2019, create task forces to focus on specific goals and/or objectives.

Goal 10: EVALUATION

Develop and implement a systematic methodology to evaluate the implementation of the State Oral Health Plan and Community Health Improvement Plan.

Objective 10.1

By July 2019, determine process and outcome measures to evaluate the effectiveness of implementation.

Objective 10.2

By September 2019, finalize a plan for implementation of the Evaluation.

Objective 10.3

Beginning in 2020, share evaluation findings with relevant stakeholders annually.

PLAN OF ACTION

Above all, our plan of action engaging the community in action planning. Our stakeholders are key in understanding and advancing each one of our goals listed above such as our overarching goal for the dissemination and wider adoption of best practices. We define the term dissemination as the "delivering and receiving of a message", "the engagement of an individual in a process" and "the transfer of a process or product."

To effectively achieve this goal, we will be engaging and addressing several core related issues and questions with the Advisory Committee as follows:

- What do we want to disseminate?
- Who are our stakeholders and what are we offering them?
- When do we disseminate?
- What are the most effective ways of disseminating?
- Who might help us disseminate?
- How do we prepare our strategy?
- How do we turn our strategy into an action plan?
- How do we cost our dissemination activities?
- How do we know we have been successful?

Furthermore, each goal is designed to address three levels of community impact.

Level 1: Awareness
At the very baseline level, the intent of the project is to increase awareness county-wide about oral health best practices. This is helpful on many fronts but targets a wide breadth of community members and target audiences including those that do not require a detailed knowledge but it is helpful for them to be aware of project activities and outcomes. Creating such an awareness of the project's work will help with "word of mouth" marketing and communications.

Level 2: Understanding
There will be a number of groups/audiences that we will need to target directly with best practice messaging and dissemination. This will be because we believe that they can benefit from what the project outcomes and activities directly. Our practices will therefore be targeted to ensuring that these groups/audiences have a deeper understanding of our project's work.

Level 3: Action
"Action" refers to a change of practice resulting from the adoption of messages, materials or approaches offered by the project. These groups/audiences will be those people that are in a position to "influence" and "bring about change" within their organizations. These are the groups/audiences that will need to be equipped with the right skills, knowledge and understanding of best practices in order to achieve real change.

Further, we anticipate that as the project undertakes all three levels, it will most likely pass through each of the stages in turn. Initially, a project requires its potential audience to be AWARE of its aims and objectives, they will then become interested enough to wish a more detailed UNDERSTANDING. Involvement in both of these two stages will provide the basis for ACTION.

At a minimum, our approach to best practice dissemination and community engagement will:

- Potentially reduce oral health care costs through identifying and promoting good oral health care practice;

- Provide findings to enhance the current evidence base for quality indicators of oral health provision and community services,
- Inform future policy guidance with evidence of good practice in the development and selection of local oral health programs,
- Contribute to the local Healthy Mendocino effort driving forward improvements in care of county residents,
- Help inform the public about the importance of oral health care,
- Help integrate the importance of oral health care with medical care.

Our Plan of Action is community oriented and partnership based. Through the involvement of the Advisory Committee and task forces convened to advance specific goals and objectives, we will advance the CHIP and thereby improved oral health for all county residents.

STRATEGIES AND ACTIVITIES

Our strategies and activities include a comprehensive list of interventions to help achieve our goals. These may include but not be limited to:

- Identification of resources and assets
- Continue data collection and surveillance activities
- Convene workgroups to advance goals and objectives
- Collect examples of successful best practices
- Maintain timeliness of best practice information
- Communications and oral health literacy campaigns
- Disseminate needs assessment
- Use partnerships for wider dissemination of best practices
- Develop/implement communication/marketing strategies, including actionable messages and best practice recommendations to disseminate proactively to service users and consumers
- Training and technical assistance as needed
- Program coordination and collaboration
- Link to existing initiatives
- Conduct interactive workshops across the county on implementation of good practice guidelines
- Utilize internal staff communication channels (e.g. newsletters with regular updates) within the participating organizations)
- Utilize organizational communication channels including websites, printed materials, social media, voluntary sector organizations and community groups, to disseminate best practice information
- Explore using advertising materials such as posters and leaflets at participating agency sites, school sites etc. focused at the different audiences
- Lunchtime seminars
- Identify and engage key partners to contribute to and capitalize on their networks
- North Coast Opportunities Head Start conducts fall and spring check-ups where they follow up on kids who receive referrals
- Provide school-based oral health education and services

- Enroll schools in the process of screenings and data collection
- Leverage partners such as Mendocino Community College Child Development Center (starting services)
- Collaborate with partners such as the Mendocino Community College Veteran's Services Program
- Explore incentive program for clients. Mendocino Coast Clinics has payment plans that work with all types of situations
- Create more education and awareness advertisements to meet people where they are at. This includes ads about affordability and putting those messages in local publications
- Research standardized messages for advertisements and outreach
- Explore keeping the subject of a soda tax in the long term plan.
- Explore leveraging the Re-think Your Drink Campaign (RTYD) with the current Public Health nutrition program
- Explore leveraging the Tobacco Control Program's Tobacco Cessation deliverable with the Cessation deliverable for Oral Health Program
- Mendocino Community College will develop the appropriate forms for the oral check-ups and fluoride treatment of our smallest students on campus
- Create a resource directory of available services for Medi-Cal/Denti-Cal and those who provide charity care.
- Transportation services like Mendocino Community Health Clinic "Care a Van" service should be in the directory Schools and social services would find that information helpful.
- Medical transportation funding should be leveraged to meet client needs

PRIORITIES FOR ACTION

Our priorities for action are to maximize impact of the research findings on practice to help improve not only the oral health of Mendocino County residents, but their overall health. We will be continuing to work with community priorities actions and activities.

For example, through the process of conducting the environmental scan, it became evident that there is a need for additional primary data on oral health in Mendocino County.

Some of the local data gaps that were identified are as follows:

- Reporting on kindergarten assessments from Mendocino County school districts
- Dental screening programs in local school districts
- Data on preventable emergency room visits

Community education and engagement has also been identified as a priority for action. For example, our proactive dissemination strategy offers the breadth to reach out to multiple audiences and the depth to conduct more in-depth interactive work with key audiences to influence attitudes and behavior change.

REFERENCES

Adventist Health Ukiah Medical Center. (2018, June). [Emergency Room Dental Complaints]. Unpublished raw data. Data set of Emergency Department admissions to the Adventist Health Ukiah Valley Medical Center in Ukiah and the Howard Adventist Health Hospital in Willits for encounters between October 8, 2017 - January 31, 2018.

California Cancer Registry. (2018). *Age-Adjusted Invasive Cancer Incidence Rates by County in California, 2014 - 2015*. Based on Jan 2018 data. Excludes cases reported by the Department of Veterans Affairs.. Cancer-Rates.info. Retrieved Jun 29, 2018, from http://cancer-rates.info/ca/

California Center for Rural Policy. (2014, May 29). *Mendocino County 2010: Percent of Total Population Living Below Poverty Level*(Issue brief). Retrieved September 12, 2018, from California Center for Rural Policy website: https://ccrp.humboldt.edu/sites/default/files/Mendocino-Poverty-Levels-by-Census-Tract-2010.pdf

California Dental Association. (n.d.). *AB1433 Reported Data*: *Kindergarten Oral Health Requirement*(report). Retrieved June 29, 2018, from California Dental Association website: https://www.cda.org/PublicResources/CommunityResources/KindergartenOralHealthRequirement/AB1433Results/tabid/253/u1074q/6D656E646F63696E6F/Default.aspx

California Department of Health Care Services. (2017, March). *Medi-Cal Dental: Annual Dental Visits by County and Fiscal Year for Fee-for-Service and Dental Managed Care*(Data Report). Retrieved July 8, 2018, from California Department of Health Care Services website: https://www.dhcs.ca.gov/services/Documents/MDSD/AnnualDentalVisitsbyCountySFY07-16.pdf

California Department of Health Care Services. (2016, October). *Medi-Cal Dental: Sealants Utiliziation Data – Calendar Years 2013 – 2015*(Data Report). Retrieved July 8, 2018, from California Department of Health Care Services website: https://www.dhcs.ca.gov/services/Documents/MDSD/SealantsCY2013to2015suppressedbycounty.pdf

California Department of Public Health (n.d.). *2017 County Profiles: Supplemental Nutrition Assistance Program Education*(Issue brief). Retrieved July 18, 2018, from California Department of Public Health website: https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/CDPH%20Document%20Library/RES_2017CountyProfiles.pdf

Crawford, A., Wimsatt, M.A., (2015, September). *The Native Oral Health Project: Baseline Survey Data From a Study of California American Indian and Alaska Native Mothers* (Report). Retrieved August 14, 2018, from California Rural Indian Health Board website: https://www.crihb.org/wp-content/uploads/2015/04/NOHPTechnicalReportFinal.pdf

Head Start Mendocino County. (2018, July). [Head Start Dental Data]. Unpublished raw data. Numbers of Mendocino County children enrolled in Head Start, dental services complete, need of treatment, and treatment complete.

Health Center Program. (n.d.). *ANDERSON VALLEY HEALTH CENTER, INC. Health Center Profile*(Health Center Data Report). Retrieved June 26, 2018, from Health Resources & Services Administration website: https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&bid=09E00102&state=CA&year=2017

Lebrun-Harris, L. A., Baggett, T. P., Jenkins, D. M., Sripipatana, A., Sharma, R., Hayashi, A. S., … Ngo-Metzger, Q. (2013). Health Status and Health Care Experiences among Homeless Patients in

Federally Supported Health Centers: Findings from the 2009 Patient Survey. *Health Services Research*, *48*(3), 992–1017. http://doi.org/10.1111/1475-6773.12009

Oral Health. (July 6, 2019). Healthy People 2020. Retrieved July 9, 2019 from https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives

Phipps, K. R., Dr. P.H., & Ricks, T. L. (2016, March). *The Oral Health of American Indian and Alaska Native Adult Dental Patients: Results of the 2015 IHS Oral Health Survey*(Issue brief). Retrieved August 14, 2018, from Indian Health Service website: https://www.ihs.gov/DOH/documents/IHS_Data_Brief_March_2016_Oral_Health Survey_35_plus.pdf

Phipps, K. R., Dr. P.H., & Ricks, T. L. (2017, April). *The Oral Health of American Indian and Alaska Native Children Aged 6-9 Years: Results of the 2016-2017 IHS Oral Health Survey*(Issue brief). Retrieved August 14, 2018, from Indian Health Service website: https://www.ihs.gov/doh/documents/Data%20Brief%20IHS%206-9%20Year%20Olds%2003-30-2017.pdf

Round Valley Indian Tribes. (2018, May 30). Round Valley Indian Tribes: About Us. Retrieved September 13, 2018, from https://www.rvit.org/about.php

UCLA Center for Health Policy Research. AskCHIS 2016. *Condition of Teeth – Adults* (Mendocino County, California). Available at: http://ask.chis.ucla.edu/. Exported on September 18, 2018.

UCLA Center for Health Policy Research. AskCHIS 2016. *Current Smoking Status - Adults* (Mendocino County, California). Available at: http://ask.chis.ucla.edu/. Exported on September 18, 2018.

UCLA Center for Health Policy Research. AskCHIS 2016. *Time Since Last Dental Visit; Currently Insured* (Mendocino County, Humboldt County, Sonoma County). Available at: http://ask.chis.ucla.edu/. Exported on September 18, 2018.

U.S. Census Bureau (July 1, 2017). *Quick Facts Mendocino County, California.* Retrieved September 13, 2018 from https://www.census.gov/quickfacts/fact/table/mendocinocountycalifornia/PST045217

APPENDIX (STATE OBJECTIVES)

DELIVERABLES/OUTCOME MEASURES:
The State mandate is for Local Health Departments (LHJs) to implement selected strategies outlined in the California Oral Health Plan and make progress toward achieving the California Oral Health Plan's goals and objectives. The activities may include convening, coordination, and collaboration to support planning, disease prevention, surveillance, education, and linkage to treatment programs. The following objectives are outlines in the Plan.

Objective 1: By December 31, 2018, build capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.

Objective 2: By December 31, 2018, assess and monitor social and other determinants of health, health status, health needs, and health care services available to California communities, with a special focus underserved areas and vulnerable population groups.

Objective 3: By December 31, 2018, identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.

Objective 4: By December 31, 2018, develop a community health improvement plan (CHIP) and an action plan to address the oral health needs of underserved areas and vulnerable population groups for the implementation phase and to achieve the state oral health objectives.

Objective 5: By December 31, 2018, develop an Evaluation Plan to monitor and assess the progress and success of the Local Oral Health Program.

Objective 6: By June 30, 2022, implement evidence-based programs to achieve California Oral Health Plan Objectives.

Objective 7: By June 30, 2022, work with partners to promote oral health by developing and implementing prevention and healthcare policies and guidelines for programs, health care providers, and institutional settings (e.g., schools) including integration of oral health care and overall health care.

Objective 8: By June 30, 2022, address common risk factors for oral diseases and chronic diseases including tobacco and sugar, and promote protective factors that will reduce disease burden.

Objective 9: By June 30, 2022, coordinate outreach programs; implement education, health literacy campaigns and promote integration of oral health and primary care.

Objective 10: By June 30, 2022, assess, support, and assure establishment of effective oral healthcare delivery and care coordination systems and resources, including workforce development and collaborations to serve underserved areas and vulnerable populations.

Objective 11: By June 30, 2022, create or expand existing local oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies.

APPENDIX (ACKNOWLEDGEMENTS)

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Chris Hall	Volunteer	Mendocino County Aids Viral Hepatitis Network
Christina Burns	Health Services Specialist	North Coast Opportunities/Head Start
Corrine Lindgren	Program Director	North Coast Opportunities/Head Start
Dina Hutton	Volunteer	Nuestra Alianza
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George Verastegui	Program Manager	Mendocino County Women, Infants and Children (WIC)
Jayma Shields	Coordinator Family Resource Center Network of Mendocino County	Laytonville Healthy Start Family Resource Center
Jerry Chaney	Registered Nurse	Mendocino Community Health Clinic, Board of Directors
Jodi Todd	Registered Dental Hygienist Alternative Practice	In-Office and Mobile Dental Hygiene
Joel Soinila	Program Manager	Ukiah Valley Adventist Health Street Medicine
Karen Oslund	Executive Director	Cancer Resource Centers of Mendocino County
Lauren Simmonds	Student Life Coordinator	Mendocino-Lake Community College District
Leanna Sweet	Daytime Program Nurse	Ukiah Valley Adventist Health Street Medicine

Lindajo Stern	Coordinator	Coastal Street Medicine, Adventist Health, Mendocino Coast Clinics, Mendocino Coast Hospitality Center
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Vivian White	School Nurse, Special Education	Mendocino County Office of Education
Vivika Rydell-Anderson	Chief Executive Officer	Pediatric Dental Initiative (PDI)
Wendy Lee	Case Manager	Mendocino County Aids Viral Hepatitis Network